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Original Department.

Lecture.

LACERATION OF THE CERVIX UTERI.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania, Sept. 14, 1881,

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Reported by Wm. H. Morrison, M.D.

Gentlemen:—I am glad to meet you again; I am glad to see you all looking so well.

The first operation that I shall show is one which I hope you will all be able to perform after you graduate. It is an operation for laceration of the cervix.

This woman is a widow; she has had several children; I do not remember how many, but one of the labors was tedious, and the forceps were used to facilitate delivery. Of course, it does not necessarily follow that because instruments are used there will be a laceration. I once produced a laceration myself, while using the forceps. It was in this way: The patient was threatened with convulsions, during labor, which necessitated speedy delivery. The head was high up inside of the cervix; I applied the forceps very carefully, and pulled with the greatest slowness, but I tore the mouth of the womb. In a great many of the bad cases that we have had at the hospital, we have found that instruments were used in delivery. I do not know whether the physician is to be blamed or not, but I do think that the forceps are put on more frequently for the sake of the physician than for the sake of the woman, and it is possible that the head is drawn through more rapidly than it should be. The most frequent cause of laceration is, I think, too early rupture of the bag of waters. There is no doubt but that, in a multipara, rupture of the membranes will hurry labor through. The temptation to rupture the membranes is, therefore, very strong, and a frequent result is laceration of the cervix. I believe that this is the history in the great majority of cases. I think that that physician will act best, other things being equal, who does not rupture the membranes until the os is dilated. I think that is a good rule.

We now place the woman in Sims' position, *i.e.* on the left side, with the left arm behind the back and the knees drawn up. In this position there is a tendency for the abdomen to sag down, and when Sims' speculum is passed into the vagina the air rushes in, distending the vagina. We increase this tendency to sagging of the abdomen by raising one side of the table by means of this lever, thus inclining its top. I have spoken so often in regard to the recognition of this trouble, that I shall not allude to it to-day, except to say that there is no disease of the uterus in which so many mistakes are made. It is mistaken, in the vast majority of cases, for an ulceration. The physician introduces a speculum, looks in and sees the red surfaces of the everted lips of the cervix, and immediately imagines that he has to deal with an ulceration. It is just the same as if the lids of my eye were rolled outward. The atmosphere and particles of dust would irritate them and make them red, not raw, but red. So it is with the mouth of the womb. There is eversion, and we call it an ectropion of the mucous lining of the cervical canal.

I there show you the red surfaces that look like an ulceration, but if I take two tenaculi and

catch each lip, I shall be able to restore the lips which have been torn, and at once the seeming ulceration disappears. You now see nothing but a fissure. Sometimes you can detect this fissure with the fingers when making an examination, but very often, in cases of old laceration, there is a flattened surface presented to the finger.

I shall now proceed to perform the operation. I introduce a tenaculum on each side, and cause the raw surfaces to disappear. While the lips are held in apposition, I take a needle, armed with a No. 2 silver wire, and pass it through both lips of the cervix. I then twist the ends, and with a tenaculum, draw out that portion of the wire between the lips. I thus have the cervix under perfect control, and can make my incision with mathematical accuracy. This point was gradually worked out. There is nothing abrupt in nature. No motion is abrupt, and no improvement is abrupt. It was years before it struck me that I could, in this way, secure perfect apposition of the lips during the operation.

I now ask one doctor to hold one side and another doctor to hold the other side, while I denude the surfaces. I used to denude very much with the scissors, but I now prefer the knife. I commence to denude the lowest part, for if I commence at the upper part the flow of blood would interfere when I came to denude the lower portion.

This woman has had a great deal of local treatment, and has been no better for it. She is quite nervous and hysterical. She has backache very constantly. She is a widow and dependent upon her own exertions.

I have been able to draw the womb down unusually low in this case, and this makes the operation much easier. It is not right to make very powerful traction as inflammation, pelvic cellulitis, might be caused.

My experience has been this: In private practice I have never had any inflammation follow this operation. This is my one hundred and thirteenth operation, and I have had inflammation follow in only two, both of whom were in the hospital. One of the cases I attribute to the fact that a surgical patient in the bed next my patient had erysipelas, and, I have no doubt, poisoned my patient. She had a pretty severe attack of peritonitis, followed by an abscess in the leg—a phlebitis. The other case also had a pretty smart attack of peritonitis; but neither of them died.

I never operate under the spray, because it obscures the vision, but I always use a solution of carbolic acid on the parts, about a 2½ per cent. solution.

You see that I try to remove all the cicatricial tissue. I now put the lips together to see how near right I am, and I find that I have it very near right. I have taken a wedge shaped piece of cicatricial tissue from the angle. The knife creaks as it passes through. You can see there dense cicatricial tissue. It looks like a potato that has been cut by a rusty knife.

Often, in denuding these surfaces, you will come across little glands about the size of large shot. These are filled with a gelatinous fluid. They are the glands of Naboth, which have been thrown out by the eversion of the mucous lining. In performing this operation we have one comfort. We know that we can always stop the hemorrhage by the introduction of a stitch.

Let us now see what is the result. You see that I have increased the laceration. I have cut away wedges of cicatricial tissue from each angle, and have denuded the surfaces.

In all plastic operations we have to be extremely careful to have the parts perfectly denuded, and everything right. I therefore examine the parts carefully before going further. I am now ready to pass the stitches. I like to always pass the more difficult stitches first. Those in the lower side are the hardest to pass. I shall, therefore, introduce them first. I have never been able to find a needle holder strong enough to hold the needle firmly. Even this strong Russian needle holder will let the needle slip. I have been compelled to have one of extra strength constructed. I use fine wire for the stitches. If the cervix is small and supple, I use No. 1 wire. If I am afraid of strain I use a little heavier wire. Other things being equal the finer the wire the less likely is it to cut out. After I pass each stitch I bring the ends together and slip a shot over them.

You see the advantage of this directing wire, which enables me to hold the parts in perfect apposition while passing the stitches. It is not necessary that you should use shot in this operation, at least, some excellent operators simply twist the wire. The shot acts as little shields, little adjusters, keeping the parts from eversion, and also from inversion. I have no reason to find fault with them. I can estimate the amount of pressure that I am putting on the part by the direct pressure downward with my finger. In all these plastic operations for laceration of the perineum, laceration of the cervix and vesico-vaginal fistula, I prefer shot.

You see how far down I can draw the womb. It has been objected to drawing the womb down, on the ground that you might have inflammation

produced. My experience does not agree with this. The womb is intended to be movable. This movement is necessary in sexual intercourse. If it were not so, great injury would result.

I am now ready to run down and clamp the shot, first on the lower side, the difficult one, and then on the upper, to insure success, and this is one of the most successful operations. The rule that I adopt in all operations of a plastic character, is to inject, before securing each wire, a stream of 2½ per cent. solution of carbolic acid on the part, to remove all clots, foreign matter and any septic matter that may be present. Dr. Boer will now inject a stream of the water, while I hold the wound open with the long forceps. The union in this operation is usually very good.

A week ago to day, I operated on a case of vesico-vaginal fistula. It was a large one, but I was able to denude it so well, and was able to remove every clot, and although I put in eleven stitches, I feel confident that when I remove them I shall find perfect union. I believe that there will be perfect union in this case.

Do we ever have secondary hemorrhage after this operation? In some books you will see secondary hemorrhage alluded to. I have had it occur in but one of my one hundred and thirteen cases. That happened in this building. It was not at all alarming. Occasionally, after passing in all my stitches, I have found a point where bleeding occurs. I have then simply passed a stitch behind it and stopped the bleeding.

Suppose perfect apposition has not been attained, and secondary hemorrhage occur. What will you do? I should advise you not to tampon the vagina if you can possibly avoid it, because the accumulation of blood would interfere with the success of the operation. I should inject hot water. If this did not stop the bleeding, I should be tempted to use a hot solution of alum. A strong solution of alum can be made with hot water. This has the advantage of not interfering with union by the first intention, as Monsell's solution would. If union occurs by the second intention, there is a certain amount of cicatricial tissue formed; but the fact is, that if you do not get union by the first intention, you are not apt to get it by the second.

Gentlemen, here is another little dodge about this operation. Here is a stitch away up here in the right hand corner; how am I going to get at that when I remove the stitches? We do not give ether when we take out the wires, and I have found that when a woman has had ether once, she does not want it again. I remove the stitches with my ordinary bivalve speculum. It is not a painful operation if you have everything ready. Here is this stitch high up on the right side. I am not going to cut that wire off short, but I shall put a shot on the end of it, to prevent its sticking the vagina, and leave it. Now, when I introduce my speculum I shall have no trouble in finding the stitch. You will find this a great convenience. I shall also leave this one on the left side. I often leave this central wire, which has been my guiding wire. I shall do so in this instance. I shall slip a shot down and it will afford some support. Of course, it would not be proper to do this if there were any danger of her menses coming on.

The proper time to perform this operation is two or three days after menstruation. There will then be no danger of bringing on the menses. If you operate at the middle of the month, menstruation will often anticipate. It occasionally happens, however, that we have to operate when we can get the patient. Last Friday I operated on a patient who expects her monthlies early this week, so, of course, I did not leave this central wire. In this instance I have temporarily closed the cervix.

In order to remove the stitches you introduce the speculum and bring down the three long wires, then cut off the short stitches and remove them, leaving the long wires until the last.

Before this woman is put to bed, I must count the stitches, so that I shall know how many to remove. I have repeatedly overlooked some of the stitches. I performed this operation in the country and removed the stitches before I started on my trip to Europe. The day after my return this woman came into my office. I had left one stitch; I think her husband had discovered it and complained about it. (I don't say that to make you laugh, but because it is true, it is so.) If it had not interfered with the marital relations it would have given that woman no more inconvenience than an earring in her ear.

Here is another point. The man who performs an operation the neatest, not only feels better, but he also conveys the impression of having done the operation well. You see that as the woman lies in this position, the blood could flow from the front of the vagina, between her legs, and soil her clothing. Take a folded napkin, place it between the thighs and the clothing is kept dry and clean. This is a little point, but it secures great comfort for the patient.

She will be kept in bed, her water drawn, and enough opium given to keep the bowels quiet. As far as pain is concerned, it is *nil.* The patient usually suffers no more than from an ordinary monthly.

COMMUNICATIONS.

THOUGHTS ON THE HYGIENE OF INFANTS AND YOUNG CHILDREN.

BY THEO. H. BOYSEN, M D.,
Of Egg Harbor City, N. J.

The preventable deaths in infancy and childhood chiefly arise from —

1st. The acute infectious diseases, smallpox, scarlet fever, diphtheria, whooping cough, measles, etc.

2d. Inflammatory diseases caused by indiscretions in food, clothing, etc.

3d. Hereditary affections.

The first named class of preventable diseases causes, annually, from eighteen to twenty-six per cent. of all the deaths up to five years of age. These affections are all transmissible by contagion or infection, and are preventable to that degree to which we are able to prevent the communication of healthy persons with those suffering from any of the affections named.

The measures which should be resorted to for the prevention of excessive fatality from the second and third class of diseases can be stated in a few words: proper food, proper clothing and proper exercise.

When an infant is ushered into the world the expectant family receives it with open arms. The physician or midwife having carefully tied the cord and severed the connection with the placenta, the little stranger is handed to the nurse, wrapped in a cloth, and held by her or some one else until the bath is ready; the latter is made warm and comfortable, so that the little visitor may not catch cold, then the child is immersed and subjected to a thorough cleansing, after which it is taken out, held near a hot stove, if the weather is cold, and carefully dried off and dressed.

This is the procedure which, with very slight variations, is performed at every confinement.

But is this procedure conducive to the health of the child? Let us consider for a moment.

The child has just been released from the uterine cavity; here it was immersed in a fluid whose temperature was not less than ninety-nine degrees Fahrenheit The temperature of the room is perhaps somewhere between 60 and 70, that of the child is also about 99. As a consequence the moisture on its body evaporates quite rapidly, and in so doing, of course, reduces its bodily heat. Then the child is again immersed in warm water, which, as we all know, has a decided tendency to reduce the body temperature still lower. Who, with any experience, does not know that these little sufferers almost always shiver with the cold, have blue, cold and shriveled hands and feet, blue lips and cold skin, when taken from the bath?

I believe no one can contradict me when I state that this condition of affairs is not beneficial for the life and well being of the child.

I will venture to state that hundreds of children die annually simply because they are unable to withstand this cold reception in a, to them at least, severely cold world.

Severed from its mother, it is bereft of the warm preserving medium in which it has hitherto existed; the heat of the blood is no longer preserved by its circulation through the placenta. This alone is a severe enough test for the vitality of the child, but to be, in addition, placed in a temperature-reducing bath, is not this cruelty? Happily we have a method by which this can be obviated.

Dr. J. W. Cragin recommends that the body be anointed with lard or oil, and I can, from experience, heartily endorse all that he says. These are his words: "The amniotic liquor is soon evaporated from the surface, and about the time reaction occurs the garrulous nurse takes it on her lap and at once exposes its nude, moist body to the atmosphere, in a room whose temperature is somewhere from 70° to 60°, or even less. There is a sudden reduction of temperature, to this tender infant, of 39°, or more. Then with her dish of warm water, pot of grease, soap and towel, she leisurely begins the process of inunction, soaping, washing, rubbing, inspecting, wiping, eulogizing and comparing. She views this exposure as a matter of utter indifference, yea, even a necessity, for the grease and *dirt* must be washed off, and she must have time and opportunity to do it properly.

"Now is it not probable that this exposure to cold, and chilling of the body is the initial or starting point, the foundation and cause of that train of numerous evils and ills which lead to such fearful mortality? Is it not more than probable that serious injury to, or structural changes of, the delicate molecules and tissues are produced, which lead to diseases present and remote?

"After ligating the cord, a coating of fresh, soft lard is quickly applied to the whole surface of the child, excepting its face, which latter is to

be wiped off with a damp cloth. A napkin is applied about the hips, and it is quickly slipped into a loose flannel gown, enveloped in a proper blanket, and laid in some comfortable place." In twenty four or thirty-six hours the infant has become accustomed to the great change in temperature it has been subjected to. The nurse can then give it its first ablution. Upon removing the gown, she will find its skin perfectly clean of the vernix caseosa, smooth, soft and velvety. After quickly bathing and drying, it is to be re-clothed in napkin and gown, as at first."

Treated in this manner the infant retains the animal heat which it would otherwise have lost, and is assisted in the first and most dangerous stages of its existence.

The clothing of children should at first be of such a nature that they may retain the bodily warmth as much as possible. In other words, poor conductors of heat, woolen goods, loosely woven, are best. The body should be nowhere constricted, so that the circulation may not be impeded. For this reason the usual umbilical bandages as applied are rather an injury than a benefit.

As the child grows in strength and age the clothing should be gradually made lighter. On no account should the mother be allowed to muffle it up in many wraps; these do not make the child warmer, but only render the breathing more difficult. Gradually accustom the child to extremes of temperature. In other words, harden the cutaneous surface by a careful regulation of the clothing, so that it may be better able to withstand the effects of any sudden change of temperature. I believe that more children are killed, or at least made sickly, by too much care and clothing than by too little.

Let them run barefooted in summer, if there is no danger of injuring their feet, but keep the latter warm in winter. Do not allow them to wear rubbers, because they render the feet very susceptible to cold and wet. Never allow them to wear mufflers about their throats, except in cases of extreme cold.

Let it be understood, however, that I do not advocate an extreme neglect of warm clothing; but it seems to me that if all children were subjected to a judicious degree of hardening we would have less pneumonia and bronchitis, and as a result, less phthisis to contend with, and the number of premature deaths would be correspondingly reduced.

After the newborn infant has been washed, scrubbed, rubbed and dressed, the nurse next turns her attention to stilling its hunger: she asks, Doctor, what shall I give it? I answer, that new-born infants need no nourishment other than the mother is able to provide. The colostrum acts as a purge to relieve the bowels, and all the nasty nostrums that are usually given cannot be of any benefit, but are usually exactly the contrary. Nature has provided for the infant a food which contains, when in a normal condition, all that is required to give strength and vigor to it. The mother's milk is all that is required by nine out of every ten children, and I think we should emphatically forbid a healthy mother to feed her offspring with prepared infants' food, or that worst of all abominations, pap and arrowroot, or corn starch. If, however, an infant is unfortunate enough to lose its mother, or if from some cause the mother has not sufficient nourishment, or if the latter is of inferior quality, then it becomes necessary for us to provide some food which will supplant as completely as possible the missing mother's milk.

The most natural substitute, of course, would be a wet nurse, and where a good nurse can be obtained such a one is to be recommended, but in many cases, and I may say, most cases, various causes combined make it an impossibility to obtain a wet nurse, and we are forced to look to some other source for the nourishment of the infant. The food which approaches nearest in its constituents and composition to that of human milk, and which is most easily obtained, is cow's milk, and in the country, or where good, pure and *fresh* milk can be obtained nothing better could be found, if properly prepared.

An essay by Dr. Wegscheider, of Berlin, based on the microscopical and chemical examination of the fæces of a number of healthy infants between two and three months old, whose diet consisted entirely of breast milk, reveals some interesting facts with regard to the various changes which go on in the digestive tract at that early period of life.

The most important conclusions which Dr. Wegscheider draws from his researches are the following: "1st. The albuminous constituents of the milk are completely absorbed; 2d, the white residue which is found in the fæces and is usually regarded as casein, is *not* casein, but chiefly fat, with some admixture of intestinal epithelium; 3d, the unabsorbed fats leave the bowels partly as soap, partly as free fatty acids, and perhaps partly as unaltered fat; 4th, urobilin and unaltered bilirubin occur in the fæces, and biliverdin is also found in diarrhœal stools.

"It is clear, therefore, from these products expelled, that all the casein is absorbed, also

nearly all the sugar; and, third, a large proportion of the fats. These, therefore, are essentially the ingredients required in any healthy food for infants."

The subject of infant feeding offers a very wide field for discussion, but owing to the limited time at my disposal I can here offer only a few rambling remarks, giving my own opinions on the subject.

Human milk produces an alkaline reaction, while cow's milk is very often acid; therefore, it is advisable to add some alkali. I usually employ small quantities of soda bicarbonate for this purpose. Lime water is also very useful.

Sugar is present in larger proportion in human milk, and when cow's milk is used it should be sweetened somewhat. Cane sugar is preferable to milk sugar, because the latter is very rapidly converted into lactic acid, while the formation of acetic acid from the former takes place more slowly.

Milk should always be boiled immediately upon its receipt, in order to destroy any ferments which may be already present, and if then diluted and sweetened it is proper for use.

It should always be given at stated intervals and should be as near the temperature of fresh milk as possible.

Sometimes, however, especially in hot weather, diarrhœa sets in, no matter what amount of care is taken with the milk, the nursing bottles, etc., etc., and it is then necessary to resort to something else.

In these cases I have found albumen in the form of the white of eggs very beneficial.

In regard to prepared foods I will only say a few words. There may be one or the other of these that is worthy of the name, but in the absence of a definite knowledge of their exact composition I cannot but condemn them. Most prepared foods contain starch, and it being a well known fact that infants do not digest starch, therefore they are, as a rule, inadvisable.

After dentition the digestive power of infants changes entirely; while before, starch, when introduced into the stomach, remained unchanged, it is now converted into sugar, and is absorbed; therefore, as soon as dentition has reached a certain stage (molars) other than milk diet may be allowed. The change should, however, be very gradual and milk should be one of the mainstays until long after dentition is completed.

I have found patent barley and oatmeal an excellent food when given with milk and water, during and after dentition. Barley gruel should be given if the child is habitually loose in the bowels and oatmeal gruel if constipation exists.

All infant foods should be given in a liquid form and from a nursing bottle.

Children should not be allowed to eat at the table with grown persons until dentition is completed, and as a very important adjunct to proper feeding I think their moral training should be carefully looked after. Willfulness and disobedience are often the causes of serious illness.

The physical training of children should not be neglected; they should not always be kept in their rooms, and possibly even in prim. nice clothes, which they dare not soil. They should be allowed to exercise their lungs, legs, arms and bodies, to romp and tumble about and enjoy themselves.

Gradually and imperceptibly they should be taught to exercise their mental functions, and the admission to school should not be their first experience in this direction. Before and after school hours and during the recesses they should be allowed to make as much noise as possible, but, of course, accidents should be guarded against, by not allowing games and plays that are dangerous.

With this I must close my remarks on this subject, and although I have said nothing new and startling, my object will have been attained if I succeed in drawing attention to a subject of the gravest importance, and one which I think the medical profession is in a position to enlighten the general public about, to a very great extent.

COCCYODYNIA.

BY A. T. WOODWARD, M.D.,
Of Brandon, Vt.

Coccyodynia consists in some abnormal condition of the coccyx, which gives rise to a variety of symptoms, the most obvious of which is pain referred to the immediate region of the bone itself. It was described as a distinct affection for the first time in 1844, by Dr. Nott, of New York, under the name of neuralgia of the coccyx. Of frequent occurrence, it is most common in women who have borne children, although it is not confined to them. Its causes are, parturition, blows and falls upon the coccyx, influence of cold and pressure, uterine and ovarian disease.

Hitherto all writers upon this subject have enumerated local symptoms alone in connection with this lesion, and the signs regarded by them as pertaining to coccyodynia are as follows: Pain over the coccyx upon sitting down, upon rising from that posture, attending other exertions of muscles in that region, and during defecation.

With such a conception of the symptomatology I operated upon the first case that came under my care. The patient was under treatment for uterine disease. She was able to walk about her room, but it was impossible for her to rest in the sitting posture, so unendurable was the pain caused by a tender coccyx. During this period she complained bitterly of pain in her head, chiefly of pain in the occipital region. The operation was performed in order to remove the great inconvenience due to the state of the bone; and when the wound had healed, that object was found to be fully attained. An unexpected result also had been produced. For the cerebral pains, which had been very harassing, and for which I had considered a hypertrophied cervix uteri responsible, had been entirely cured.

Six cases of coccyodynia have been placed in my hands since I treated the one just mentioned. In each of them there were present the symptoms plainly arising from an irritable state of the tip of the spine, and in each of them there were present at the same time cerebral symptoms of a peculiar nature. The patients complained of severe pain in the head, especially when in a supine position. In one case, the greatest pain was in the anterior half of the brain; it was attended by a dull, heavy pain in the back of the neck, close to the skull. This patient described her head as seeming to lie in two pieces upon the pillow during the severest attack. Another says she suffered intensely from great throbbing and burning pain in the back of her head and at the end of her spine. Still another was unable to designate the character of the pain, save that it was a sensation in the back of her head and neck, not like any headache, but intensely severe and exceedingly prostrating. This singular pain experienced by these patients was different from sick headache, or from nervous headache, so called. It was a dull, heavy, or a throbbing and burning, or an almost indescribably intense aching in the occiput and in the back of the neck. A sense of fear and dread of the present and of the future hung over the minds of these patients.

Upon the degree of severity of these symptoms will depend the amount of disturbance of the general health. Sometimes the patient will complain of the state of her coccyx more as an inconvenience than as a serious affection. In other cases the disease may be severe enough to keep her in bed, and may be complicated with further nervous disturbances of a singular and alarming nature. The patient's limbs may tremble, as with paralysis agitans. She may suffer from attacks of dyspnœa. But one such case has come under my observation. The patient describes them in these words: "I felt as though I was held in a vise, the inhalations and exhalations both being difficult to perform, especially the latter. My face would be spotted and my hands and limbs purple and cold. The attacks usually came on from the exertion of getting out of bed in the morning. The most severe one lasted five hours." The sight may be affected. The same patient described herself as being unable to see through the "specks which were continually falling before her eyes."

The duration of coccyodynia is not ascertained. It might wear itself out in time, perhaps. But experience indicates that its course is not of such a nature, but that it will continue until an operation relieves the patient's suffering. In a certain number of cases the progress of the disease seems to be from bad to worse, though we are hardly warranted in supposing that it might ever terminate fatally.

The cause of the symptoms is, in some cases, to be found in a carious state of the coccyx, in others, in a displacement of the bone, so that it presses upon some adjacent sensitive tissues; in still other cases it is obscure. The local symptoms are explained by the traction of muscles attached to the irritable bone, or by the pressure exerted upon the latter by foreign substances, or by both. The cerebral and other symptoms relating to the nervous centres may be the result of pressure upon the spinal nerves adjacent to the coccyx, or of the caries, the irritation set up by one or all of these causes being reflected to the cerebrum through the spinal cord.

The treatment is removal of the coccyx. The bone may be disarticulated from the sacrum, or the operator may content himself with removal of the last two segments only. According to my experience the latter procedure is sufficient. Upon five cases I have operated, not to eradicate the local distress, but in order to cure the distant sympathies detailed above. In every case the operation was a gratifying success. And I am, therefore, impelled to believe that not only a radical cure of the local trouble may be confidently anticipated from the treatment, but also complete disappearance of the peculiar pain in the head and neck, and restoration of the patient's health.

Pumpkin Root as a Toothache Remedy.

A piece of dried pumpkin root held against the aching tooth, or gently bitten by it, is a favorite remedy in Arabia.

Medical Societies.

INTERNATIONAL MEDICAL CONGRESS.

Abstracts of Papers.

(*Concluded from page 378*).

THE CURABILITY OF UTERINE DISPLACEMENTS.

By Paul F. Munde, M.D. (New York). Finding that the text-books either entirely omitted all mention of the possibility of permanently curing displacements of the uterus by any of the methods in use, or gave but vague statements on the subject, and impressed with the importance of having some positive conclusions on this matter, both for the sake of the patient and the satisfaction of the physician, the author had analyzed the cases of displacement which had come under his care (895), and had arrived at the following conclusions: 1. Displacements of the uterus are permanently curable in the large majority of cases only when recent, or when a complete tissue metamorphosis, as occurs during pregnancy and after parturition, takes place. 2. Chronic cases (of more than a year's standing) are but rarely curable permanently, except occasionally under the last named circumstances. Apparent cures reported by some authors and witnessed by many physicians, soon show themselves to have been but temporary. 3. Pessaries form unquestionably the most practical, rational and (temporarily) the most efficient means of treating uterine displacements. Cures are but rarely accomplished by them. 4. Medicated (chiefly astringent) tampons, intelligently applied every day by the physician, give the best chances for permanent cure. This is particularly true of prolapsus, but holds good for all forms. 5. Electricity locally applied deserves more extended application. 6. All methods should be persevered in for months and years before success is to be expected.

TOTAL EXTIRPATION OF THE UTERUS.

By William Freund, M.D. (Strasburg). The author said that his experience of three years, which had elapsed since his first publication on total extirpation of the uterus, and the works by others on the same subject which had appeared within this interval, had rendered his judgment clear as regards the most weighty points in the matter. There could be no question that, in carcinomatous disease of the uterus, extending over a considerable portion of this organ, total extirpation was the operation indicated. Some time ago surgeons repeatedly recurred to this operation, and tried both the operation through the vagina and that through incision of the abdominal walls. The results of these attempts were so unfortunate, that for a long time no further were made. When Dr. Freund had put his method to the test, with a favorable result in the first case; and when the first cases operated upon by Dr. Martini in Breslau, Dr. Kochs in Bonn, Professor Olshausen in Halle, Professor Schröder in Berlin, Dr. Veit in Berlin, Professor Spiegelberg in Breslau, Dr. Kuhn in St. Gallen, had likewise proved successful, the hope, and even a somewhat excessive confidence, that he had at last safely solved this great problem of surgery, was intelligible and justified. But when unfavorable results were frightfully multiplied, when, also, the mournful fact became clear that recurrences did occur, discouragement and opposition appeared on many sides. Greater safety to life, according to most recent experience, was secured by the total extirpation *per vaginam*, carried out according to the principles of Czerny, Billroth, Schröder, Martini, and the abdominal total extirpation, modified according to the directions of Bardenheuer, Breisky, Rydygier, Kolaczek, and M. B. Freund. The leaving open and drainage of the peritoneal cavity, the simple ligaturing of the vessels of the severed broad ligaments, step by step, made the operation shorter, less laborious, and hastened the healing. Dr. Freund had convinced himself by experiment upon the dead body that, after separation of the cervix uteri from the vault of the vagina, it was easy to draw up the uterus through the abdominal wound above the symphysis. Dr. Rydygier and the author had carried out this mode of operating, first recommended by Breisky. By drawing up the uterus by the tenaculum forceps invented by Dr. Freund, the uterus was rendered at once comparatively bloodless. The severing of the cervix all round from the vagina, he had carried out, without chloroforming the patient, immediately before the actual operation. The results of the vaginal total extirpation, as regards recovery, appeared to be very good; and Kolaczek affirmed that, in the method of abdominal total extirpation, as practiced by him and Martini, a fatal result was exceptional. The operation might be undertaken as a not very dangerous one in the early stages of carcinoma and sarcoma, in which it gave a promise of radical cure. Whether the vaginal or the abdominal extirpation was to be performed, must be decided according to the individual case. If the uterus were very large, and the vagina very narrow, the abdominal total extirpation must always be undertaken. With a small uterus and capacious vagina the vaginal operation was to be preferred: but the abdominal operation had a great advantage, in facilitating and ensuring the carrying out of the separation of the uterus through sound tissue. On July 5th Dr. Freund extirpated the uterus by the abdominal method, in spite of the uterus having been small and the vagina sufficiently large, in order to remove several cancerous intra-abdominal (iliac) glands. Advanced knowledge had shown that the danger of bleeding was not so great as was once supposed; and the danger of the peritoneal aperture was no longer to be considered—nay, rather, that the keeping open of the peritoneal wound was highly desirable.

ANTISEPSIS IN MIDWIFERY.

By O. Spiegelberg, M.D. (Breslau). The author said that the great reform in surgery brought about by the antiseptic treatment could not fail to have a deep influence upon the treatment of the complications in childbed, as it was well known long ago that the latter were the same as arose from wounds. If, however, scrupulous cleanliness, which had been advocated long ago, favored a normal course of the puerperium, the practical gain was not very great. The idea that puerperal wounds were infected, and that inflam-

mation of the genital organs was initiated by germs coming from outside, became more in vogue; and the idea that phlogogenous matter might be produced spontaneously within the genital tract was almost abandoned. The consequence of this idea was recommending the most scrupulous cleanliness of hands and instruments; forbidding practitioners engaged in midwifery to attend other patients; forbidding students engaged in dissecting to attend midwifery cases; forbidding nurses attending cases of puerperal fever to attend normal cases at the same time. The experience that all these measures only slightly reduced the number of bad cases, originated the idea of secondary antisepsis. Intra-uterine irrigations and drainage came into use, but without much avail; the opinion took root that there existed an essential puerperal process. The application of the theory and practice of Lister's system to the puerperium meant the strictest cleanliness and antisepsis during birth, both on the part of the persons attending the mother, and of the mother herself. Air must be prevented from entering the genital tract; and as that was not wholly unavoidable, disinfection by frequent irrigation with antiseptics during birth must be practiced. After birth, care must be taken to secure perfect rest for the genital tract, to encourage involution, avoiding every intra-vaginal or intra-uterine manipulation which was not absolutely necessary; if such were necessary, it must be done under strictly antiseptic precautions. Secondary antisepsis—after the infection had taken place—was not of much avail. It was only directly useful in processes of decomposition, so long as they had not passed the surfaces of the tract, and had not yet attacked the parenchyma of the organs. Otherwise, antisepsis was only a palliative, but no trustworthy remedy, since drainage and irrigation did not hit the deep seats of the disease, and did not remove or destroy the entered germs, not to speak of the inconveniences of the practical application of the secondary antisepsis.

AMPUTATION OF THE NECK OF THE UTERUS FOR CHRONIC METRITIS.

By A. Le Bond, M.D. The following were the author's conclusions: 1. Amputation of the neck of the uterus may be practiced for chronic metritis when the disease has resisted other methods of treatment. 2. The operation, being undertaken for the cure of a disease which never proves fatal, should be performed after the least dangerous method. 3. The neck should be amputated at the fundus of the vagina by means of the galvano-cautery.

MORBID GROWTHS OF THE EAR, AND THEIR TREATMENT.

By Laurence Turnbull, M.D., (Philadelphia). The author said that all morbid growths of the ear might be comprised under the following heads: 1. Sebaceous, encysted, osseous, fibrous, fibro-cartilaginous, and telangiectatic or bloody tumors, associated with caries of the temporal bones or mastoid process, and involving the auditory nerve or some of its branches. 2. Morbid growths, including angiomatous, epitheliomatous, sarcomatous, chondromatous, and alveolar; these might fill the external meatus, or the internal auditory canal, and finally involve the auditory nerve, causing death from marasmus, pressure on the brain, or basilar meningitis. 3. Osteo-sarcomata, chondromata, lympho-sarcomata, fibro-sarcomata, involving the common trunks of the facial and auditory nerves, the tumors being found at the bottom of the internal ear. 4. Tumors might be gliomata, cerebral tumors, or morbid growths, usually found involving the eye at first; but, in a case described by Bruckner, which was the result of a fall on the back of the head, accompanied with complete deafness, giddiness, and inflammation of the middle ear, pulsating tinnitus, and ending fatally. 5. Fatty metamorphosis of the organ of Corti, resembling sarcoma of the auditory nerve, as described by Moss; amyloid degeneration of the auditory nerve, as described by Voltolini; and corpora amylacea, found in the semicircular canals of man, and described by Lucae. Where morbid growths of the ear could be reached, the only successful plan of treatment was early removal by the knife, preventing danger of hemorrhage by the use of the ligature, clamp-forceps, a thermo-cautery, or galvano-cautery. Diseased bone should be removed by the forceps, sharp spoon, revolving knives, or the surgical or dental engine. It was most important to remove all vascular or polypoid growths as soon as they were brought to the notice of the aural surgeon. All puncturing or irritating by means of needles, small, sharp knives, or caustics, was to be entirely avoided; for all such surgery tended to increase and inflame them, and might change an originally benign growth into a malignant one. The only remedy that Dr. Turnbull found to prevent the spread of malignant growths was some of the preparations of arsenic; and none had been borne so well as Fowler's solution, given in small doses, and continued for a long period.

THE FUNCTIONS OF THE EUSTACHIAN TUBE.

By Edouard Fournié, M.D. (Paris). Dr. Fournié agreed with those physiologists who considered that the principal functions of the Eustachian tube were to admit air into the tympanic cavity, so as to preserve the air in the cavity in equilibrium with that external to it, and to give exit to the secretions formed in the cavity. Moreover, he believed that one of the essential functions of the tube was to prevent unpleasant resonance of external and internal noises. This function assumed a permanent opening of the tube. By certain experiments he believed he could prove that it was so, and that the muscles usually considered dilators were in reality obturators of the tube. Dr. Rumbold (St. Louis) thought that there was always a passage open to the cavity in the normal state, as the tension of the tympanic membrane ought always to be uniform.

THE ACTION AND USES OF ANTIPYRETIC MEDICINES.

By Professor Foker (Groningen). While there is no great difficulty in understanding the mode of action of simple refrigeration in the treatment of pyrexia, that of antipyretic remedies, administered internally, is still obscure. We must assume, either that they lower the temperature of the body by interfering with the circulation, or that they exert a destructive action, in virtue of their antiseptic properties, on the low organisms

to which the pyrexial phenomena are presumably due. The second of these hypotheses is the more likely one. It may, of course, be objected that such remedies can never be administered in sufficient quantities to insure their presence in the blood in such proportions as to render it aseptic, or, at any rate, to exercise an antiseptic influence. It must not be forgotten that any hostile factor, though unable of itself to check the multiplication of the organisms, may succeed in doing so when combined with others equally hostile to bacterial life. It is quite possible, moreover, that antipyretic medicines may accumulate in particular organs, which may then exert a disinfectant influence upon the blood. Antipyretic remedies may legitimately be given in febrile maladies, when the heat of the body is such as to threaten the patient's life, or even the integrity of his tissues. Under such circumstances, those aromatic remedies which are, at the same time, bacterial poisons, should be preferred to physical methods of refrigeration. But when the temperature of the body does not rise to a dangerous height, the employment of such remedies in antipyretic doses is undesirable; since a degree of heat only a little above the normal temperature of the body is injurious to the vitality or the virulence of the pathogenic organisms. It is quite possible, indeed, that the febrile heat may be one way in which the system reacts against these organisms, and tends towards recovery. In all cases, therefore, when the temperature does not rise so high as to be of itself a source of danger, physical refrigeration should be avoided, and the antipyretic remedies should only be prescribed in relatively small doses.

TARTRATE OF QUINOLINE, A NEW ANTISEPTIC AND ANTIPYRETIC AGENT.

By Julius Donath, M.D., (Graz). Dr. Donath said that, as regards its physiologieal action, he found that tartrate of quinoline lowers the temperature of the body very materially when introduced into the circulation; in the proportion of 0.2 per cent., it completely prevents the lactic fermentation of milk, the decomposition of urine and gelatine, and the development of bacteria in artificial cultivating fluids. Therefore, tartrate of quinoline is superior in antiseptic power to sodic, salicylic, carbolic acid, quinine, boracic acid, copper sulphate, and alcohol. In the proportion of 0.4 per cent. it prevents the putrefaction of the blood and the curdling of milk. In the proportion of 4 per cent. it completely destroys the coagulability of the blood, and lowers the temperature at which albumen coagulates. It is decomposed in the system, and does not appear in the urine. Therapeutically, quinoline is a very powerful antipyretic in enteric and intermittent fever; it has a striking effect in periodic neuralgia, and is an excellent local antiseptic. It may be given to adults in doses of one to two grams, wrapped up in wafers. Children take it easily, dissolved in equal parts of syrup and distilled water. It does not cause any unpleasant after effects, and the absence of giddiness and tinnitus is especially noted.

ON INFLUENCE OF HYDROCHLORATE OF QUININE ON MALARIAL GERMS.

By Dr. Ceci (Cerino). Dr. Ceci gave an account of experimental researches made in the laboratory of Professor Klebs, of Prague, on the influence exerted by quinine hydrochlorate on the development of germs contained in malarial soils. A cultivation liquid of a 5 per cent. solution of isinglass was employed, infected from different sources, and in every case it was found that the presence of very minute proportions of this salt exercised a remarkable power in preventing or checking the development of the *schizomycetes*. One part in 800 was sufficient to prevent any development of germs. The *bacilli malariæ* made their appearance very seldom in the cultivation-liquids, even when the proportion of quinine was very insignificant.

Editorial Department.

Periscope.

The Treatment of Burns.

The London *Medical Record* says that Dr. J. Troizki adds his testimony to that already published as to the value of solution of bicarbonate of soda as a dressing for burns (*St. Petersburgh Med. Woch.*, 1881, No. 19). He says that during the previous year he noticed twenty-five cases of burns, mostly of a severe nature. Sixteen of them were received in a fire in a village, during a strong wind, when the inhabitants, in order to save their property, were obliged to work in the flames. In all these twenty-five cases bicarbonate of soda was exclusively applied. The result of this treatment was so favorable, that the author considers himself justified in pronouncing this remedy the best and most efficient in burns of all kinds and degrees. Even in extensive burns of the second and third degrees, the pain was soon alleviated by the application of compresses soaked in a solution of bicarbonate of soda; and the wounds soon healed, leaving but few scars and no impairment of the functions of the affected parts. No evil results from this extensive application of bicarbonate of soda, which might suggest the reception of carbonic acid into the blood, were noticed. Of the ten cases of which a detailed account is given by the author, one rather serious case may be related, in which the burns had spread over half the body. The whole face was stripped of epidermis, the hair was singed off, and the front of the neck, chest, and abdomen, and the dorsum of the foot, presented burns of the second degree; burns of the third degree were also found on the right mammary gland and on the right forearm, all the muscles of which were exposed as if prepared by dissection. A solution of the bicarbonate of soda was applied to these burns with a most conspicuous success; the patient felt relieved, and

a cure was effected in four weeks; but the healing of the burns on the right breast and on the forearm lasted two months. The scars which were left were insignificant, and the mobility of the fingers was nearly normal. As regards the application of bicarbonate of soda in burns, the author distinguishes three methods: 1. Powdered bicarbonate of soda is strewn over the burned parts. 2. Linen rags, sprinkled with a solution of bicarbonate of soda (1 in 50) are laid on; as soon as these rags become dry, they are replaced by others or are moistened again in the solution. 3. Linen rags are applied in the same manner, but are kept constantly upon the burns, and moistened by pouring the solution over them. The first method suffices only for burns of the first degree. Change of the moistened rags is chiefly adapted for burns of the third degree, attended with much suppuration. In exchanging the dry rags, the pus which has accumulated underneath them must be carefully washed off, that it may not be received into the blood; and then a fresh rag soaked with the solution must be placed upon the clean granulating surface. The third method is applied solely in burns of the second degree. Changing the compresses would in these cases only irritate the exposed surface, and, by causing a more copious suppuration, delay the healing process. The beneficent effect upon burns of the solution of bicarbonate of soda the author considers to be due to the anæsthetic, antiseptic, and disinfecting property, which the bicarbonate owes to the ready disengagement of carbonic acid from it. Herr Troizki has also made experiments with other antiseptic and disinfectant agents, but has come to the conclusion none are so useful as the soda.

The Treatment of Gastro-Intestinal Inflammation of Infancy and Childhood.

In a paper which was read before the Franklin County (Arkansas) Medical Society, and published in the *Mississippi Valley Medical Monthly* for August, 1881, Dr. J. V. Spring, of Mulberry, Ark., says:—

As to opium, notwithstanding quite a large number of our modern practitioners deal out opium most heroically, in the treatment of this as well as other forms of diarrhœa, I confess, from my own observation and the teachings of some very eminent writers, I am inclined to avoid opium and all of its preparations, either alone or in combination, as far as possible. I will agree that we often meet with cases where it seems indispensable, but even in such cases we can substitute for it; and, if used at all, it should be with great caution, and only for temporary relief, not with the idea that it may possess any curative powers.

Again, I cannot agree with those practitioners who advocate the use of astringents, and I am satisfied that so long as we are dealing with uncomplicated intestinal inflammation, any astringent, or astringent combination will be contraindicated. The following is the plan of treatment under such circumstances: First, I have a tan bath prepared by boiling red or black oak bark until I get the ooze as strong as it can be made in a short time, then, while at a temperature of 75° or 80° Fahr., place the patient in the bath; have a sufficient quantity in the tub so that it will come up to the shoulders while the patient is held in a sitting position, and keep him there until he becomes quiet, all evidence of restlessness giving way, which in some cases may take ten or fifteen minutes, then rub him well with a rough towel, give him a thorough rubbing with cod-liver oil from head to foot, place large cloths saturated with the ooze over the stomach and bowels, wrap him in flannel, and put him to bed, withdrawing all other treatment, keeping water and every character of nourishment out of the stomach. Repeat the bath and cod-liver oil every three or four hours, until all bad symptoms give way. Usually, I find improvement very perceptible after the third or fourth application, sometimes from the first. The patients usually sleep quietly for an hour or more after each bath, and with due care directed to the first nourishment taken or medicines exhibited, the little fellow will soon be convalescent.

A prescription that I employ, and find it answers the purpose in a large majority of cases, is this:—

℞. Subnit. bismuth,
Prepared chalk, āā ʒij
Syrup bals. tolu, ʒj
Aquæ menth. pip., ʒiv. M.

Sig.—Teaspoonful every three hours.

I sometimes substitute syrup ginger for the tolu, and when I find that quinine is indicated, direct each dose to be given in a teaspoonful of the above mixture.

On Diaphragmatic Hernia.

Dr. Lacher has contributed to the *Deutsches Arch. für Klin. Med.*, vol. xxvii, a valuable monogram on diaphragmatic hernia, epitomized in the *British Medical Journal*. He first describes three new cases, and then gives details at length of cases already described in standard literary works. He divides this form of hernia into two great groups, viz., the congenital form (123 cases) and the acquired form (143 cases): 10 cases are uncertain as to their nature. Out of 276 diaphragmatic herniæ, 28 only were true herniæ, with a sac formed from the pleura or peritoneum, or both; 225 cases were on the left side, 42 on the right. In 6 the position was not specified. In the congenital, as in the acquired form, hernia on the left side was most frequent. Among the contents of the sac, the stomach was found in 161 cases, the colon in 145 cases, the great omentum in 96 cases; portions of small intestine in 83, the liver in 45, the duodenum in 35, the pancreas in 27, the cæcum in 20 cases, the kidney in 2. Men are far more subject to acquired diaphragmatic hernia than women, and most frequently in the prime of life. The diagnosis is generally difficult; signs of pressure on the heart and lungs; dyspnœa; very variable reflex symptoms; troubles in digestion, and sometimes indications of incarcerated hernia, are the varied and very inconstant signs of diaphragmatic hernia, that most frequently leads, before detection, to death. Great care in matters of diet is the only therapeutic means that can be

employed in this disease. Von Nussbaum has proposed the introduction of the whole hand in the rectum, and careful traction of the displaced contents of the abdomen; after symptoms of strangulation, laparotomy should be undertaken.

Fungoid Origin of Diphtheria.

Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bed-room, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bed-room to become saturated, through leakage of the spouting, the paper on the wall facing a passage between the apartment and a second bed-room became sodden and separated from the plaster, and small clusters of a toadstool (*Coprinus*) grew on the wall, as well as a fine, thready, bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs, in the damp room, without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Professor Laycock's theory, that diphtheria depends on *Oïdium*, or potato-fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect, the mucous membrane of the throat.

Aromatized Glycerine and Its Uses.

The following is Professor Jaccoud's formula:—

℞.	Glycerine,	40 grams
	Rum or cognac,	10 grams
	Essence of mint,	1 drop. M.

This mixture, which is of an agreeable taste, is well tolerated by the stomach, so that after several months of its uninterrupted employment it gives rise neither to satiety nor disgust. The addition of the alcohol has simply in view the modification of the insipid taste of this drug, and to aid in its digestion. Its dose would be quite insufficient as an alcoholic medication. The quantity of glycerine mentioned in the formula is the minimum daily dose, and it may be increased to fifty or sixty grams. This last quantity, however, should not be given except to persons who present no sign of abnormal excitement of the nervous system or of the action of the heart. Moreover, whenever there is any agitation or unusual loquacity, obstinate sleeplessness, or a persistent elevation of temperature (in the absence of any pyretogenic incident) of 0.5° C. in relation to the mean temperature of the period prior to taking the glycerine, it will be an indication that the serviceable dose has been exceeded. Glycerine should be employed for the purpose of stimulating the digestive functions, and saving the waste of tissue during the non-febrile period of phthisis, when cod-liver oil has ceased to be tolerated. The dose of aromatized glycerine should be divided into two or three takings.

On the Treatment of Diphtheria.

In a clinical lecture on diphtheria, delivered to the students of the Hospital College of Medicine, Louisville, Ky., and published in the Philadelphia *Medical Times*, September 10th, 1881, Dr. John A. Larrabee lays down the following rules:—

Muriated tincture of iron, freely and persistently given, should form the basis of your treatment; its astringent property tends to prevent the organization of the membrane, while its effects upon the constitution tend to sustain the life of the patient, and thus enable him to throw off the membrane.

Another point I wish to speak of is this: the use of alcohol has been brought forward as something new by the members of the medical profession. Any poison in the blood tending to destroy life by destruction of the blood corpuscles, as well as by its debilitating effects upon local tissues, indicates a stimulant and a preservative. In alcohol we have the most powerful agent to prevent the destruction of animal tissues. Its stimulant property needs no comments. Give muriated tincture of iron, then, and alcohol, with nourishment, but give the iron according to Col. Mulberry Sellers' directions for the use of his eye. Give along with this a whisky-toddy, a milk-punch, or, what is better, Christmas egg-nog, and don't withhold it out of fear of intoxication. The amount of alcohol that can be taken under these circumstances with immunity is astonishing. I have myself given a child, seven years old, a pint of whisky in twenty-four hours, without producing any symptoms of intoxication.

Bones Formed in the Eye.

At a recent meeting of the Dublin Pathological Society, Mr. Story presented a specimen and said: This is an example of the not very uncommon formation of true bone in a diseased eyeball. I have no history of the case, but the specimen exhibits the ordinary characteristics of ossification in the chorioidea. According to the description given in Pagenstecher and Genth's Atlas, Plates XVIII and XIX, bone in the chorioid occurs as an ossification in a structureless, homogeneous, colloid exudation, which seems to spring from the elastic lamina of the chorioid, and is unaffected by strong acids or alkalies. This colloid matter exhibits in places a tendency to fibrillation, and the bone corpuscles are observed in lines parallel to this fibrillation. I cannot make out the exact origin of the colloid matter in my slides, but I conjecture it springs from the elastic lamina, as is normally the case. In all other respects my specimens exhibit the same appearance as

Pagenstecher's plates, and in addition show numerous unmistakable Haversian canals, which do not seem to have any perfectly regular arrangement; at least I meet with them equally in longitudinal and cross sections. Ossification in this colloid matter proceeds, I take it, in the same fashion as it does in the formation of those bones which are laid down in membrane, but why this so frequently occurs in the eyeball I cannot explain. The pathological condition is not at all uncommon, but I thought the specimen would be interesting to the Society in connection with the piece of bone which Mr. Stokes exhibited before Christmas, which was removed from a lumbar abscess, and which gave rise to a good deal of discussion at the time.

Psychology in Medicine.

The *Lancet* says, in a recent issue:—

We sometimes hear of men who claim to take or leave the study of psychology at pleasure. They might as well affect to treat histology, or physiological chemistry, as a separable part of medicine. Humanity is suffering from the arbitrary relegation of what are called "mental diseases" to the care of a specialty. It would be as reasonable to refer the pathology of the secretions to one class of practitioners while another took charge of the organs by which these secretions are elaborated! How could the organs be studied or treated without regard to their functions and work? And how, we may ask, can the body be studied or treated apart from the mind, in and through which it is often possible to gain the best, or only, view of its inner workings? We are not speaking in any metaphysical sense, but practically. It is time to put in an earnest plea for the recognition of psychology as an intimate part of physic. Every advance we make in the exploration of Nature renders it increasingly evident that body and mind are inalienable—as in health so in disease. The mental phenomena of life are the direct effects or the reflexes of the physical state. It is, therefore, obvious that the moment is approaching when the recognition of unity must be conceded. We are not now speaking of unity of ultimate constitution. Of the mysterious *something* which makes man more than an animal, science knows nothing. Those of its professors who worship "the Unknown," confess that the object of their faith stands outside the confines of human intelligence. At the same time they claim to recognize, and ask the most crudely—or may we borrow Dr. Hughlings Jackson's emphatic word and say *brutally*?—materialistic of physicians to recognize the effect which the outer centring of human hopes and aspirations must have on the psychology of man's nature. Even if human emotions be the outcome of viscera, they are generally affected by the manner, and the real or supposed object of their exercise, and they react on the viscera from which they spring with a force and an intensity due to the outer sphere in which they operate. It follows that this outer sphere—the *spiritual*—must be recognized by the physician in his dealing with the mental and physical constitution of man as a whole. In short, the whole range of psychology must be included in the province of practical physics.

On the Cause and Treatment of Hemorrhoids.

In an article published in the St. Louis *Courier of Medicine*, for September, 1881, Dr. S. S. Todd, of Kansas City, observes:—

Constipation of the bowels is the almost constant predisposing, as the use of drastic cathartics is commonly the exciting, cause of the disease, and no treatment can be successful that does not embrace within its scope an assurance of one daily easy evacuation of the *lower bowel*.

The first step in the treatment of *recent* cases should be the administration of a saline cathartic, and the best is sulphate of magnesia. After this, the following pill may be used: compound extract colocynth, grs. xxx; extract nux vomica, grs. xx; extract belladonna, grs. x. Divide into 40 pills. One to be taken every evening on going to bed.

The patient should also have a fixed hour at which to go to stool, and steadfastly restrain any desire for this at other times.

Should the pill above mentioned cause a liquid stool, or should it cause more than one stool, your object will be defeated if you persist, and the quantity of compound extract of colocynth must be diminished. On the other hand, should it fail to secure one soft and consistent motion daily, the quantity of colocynth must be cautiously increased.

In addition to the above, the following will be found to give instant relief from pain, and accelerate the cure: iodoform, ʒj; balsam Peru, ʒij; cocoa butter and white wax, of each, ʒiss; calcined magnesia, ʒj. Incorporate the mass *thoroughly*, and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener, if needed.

Old and chronic cases he treats as follows: All tumors found at the verge of the anus, and covered in part or wholly with integument, are clipped off with the scissors. If situated within the external sphincter, the bowels having been moved with a dose of sulphate of magnesia given a few hours before, the patient is placed over a vessel, and directed to strain (a vessel filled with hot water is best). If the tumors do not come within reach in this way, the finger should be thrust into the bowel, provoking tenesmus, and the patient again be instructed to force the piles down. When within reach, the nates being separated by an assistant, the tumors are seized one by one with a forceps, and held, while, with the hypodermic syringe, from five to ten minims of a solution of nitrate of silver, one drachm to the ounce of distilled water, are injected into each, not stopping till all have been thus injected. No pain is felt except what is caused by handling parts rendered hyper-sensitive by protracted irritation.

One of the suppositories before mentioned may now be passed into the bowel, and thenceforth, if the treatment already given for removal of constipation be followed up assiduously and patiently little further inconvenience will be felt and no further treatment required. Even though the suppository be omitted, little pain is felt, and the

patient goes at once about his business. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared.

Algidity in Strangulated Hernia.

The recent communications of M. Verneuil to the Societé de Chirurgie (June 30th and July 7th) have forcibly called the attention of surgeons to a little known mechanism of death in strangulated hernia. It concerns those cases where death supervenes after reduction or operation with a cortege of symptoms always the same, distinct fall in the temperature being the most marked phenomenon; while at the autopsy no abdominal lesion will be found sufficient to explain the fatal termination.

The surgeons at the commencement of this century were well acquainted with these cases, so difficult of explanation, and Bretonneau considered the fatal issue as due to septic peritonitis. M. Verneuil was, however, the first to remark in such cases the existence of visceral congestion, particularly of pulmonary congestion, and in 1873 M. Ledoux, one of his elèves, published an interesting thesis on the subject. Since that period M. Verneuil has been enabled to study new cases and to determine with greater precision their history, which is as follows:—

The patient enters the service with a strangulated hernia; the surgeon finds the ordinary symptoms of strangulation, but notices also that one of them, viz., algidity, is very marked; he operates, nevertheless, because such action offers the patient the only chance of recovery, but he reserves the prognosis on account of the gravity of the general condition. After the operation, there is but slight attempt at reaction, the patient becomes colder and colder, alvine evacuations may take place, but no urine is passed. There is almost absolute anuria, and if a small quantity of urine is obtained by catheterization, it is almost always albuminous.

Soon the respiration becomes accelerated; although the abdomen is not distended with wind or painful, as in peritonitis, auscultation demonstrates the existence of congestion of both lungs, algidity becomes more marked and death ensues either a few hours after the operation or within forty-eight hours.

At the autopsy, the most minute research shows no signs of peritonitis, while intense congestion of both lungs is found, often accompanied with renal congestion.

The pathologic physiology of such congestion is a mooted question; perhaps the opinion of M. Le Fort is the most tenable; he considers such congestion as nervous phenomena, having as point of origin the excitation of the abdominal sympathetic system. "Perhaps again, the intestinal lesions may become the point of departure of emboli, which would seem to be proven by the very curious cases of hemiplegia supervening after strangulated hernia, reported by Nicaise to the Société de Chirurgie in 1876." (Duplay.)

As a practical point to draw from these researches, it is advised that great attention be paid to the temperature and condition of the lungs before and after the operation, and therapeutic measures used accordingly.

The Suture of Bones.

The following case was reported this summer to the Clinical Society of London, by Mr. MacCormac:—

"The patient (who was exhibited) was a pianotuner, twenty-six years of age, who four months before coming to St. Thomas's Hospital had fallen upon the right elbow, and sustained a fracture of the olecranon. When admitted the limb was wasted, especially the triceps; there was no power of active extension; the line of fracture ran across the base of the olecranon, the detached portion being separated by two inches, and fixed to the back of the humerus, the condyles of which could be felt in the gap, no uniting medium being perceptible. On Jan. 6th Mr. MacCormac made a vertical incision three inches long, exposing the fractured bone and the articulation. There was no trace of uniting material, the fractured surfaces were covered with smooth fibrous tissue, and adhesions existed between the detached process and the condyles, and also between the end of the humerus and ulna. These adhesions were dissected out, and the periosteum being reflected, a thin layer of bone was cut off with a chisel, and by means of two wire sutures through holes drilled in the bone the surfaces were brought into close apposition. The wires were twisted and cut off so as to project at the centre of the wound, which was afterwards closed with catgut sutures. The operation was performed antiseptically, the joint being washed out with carbolic solution (1 in 30) before closing the wound. The first dressing was made on the fifth day, when the wound was found to be united, except where the bone sutures emerged, and these were removed in twenty one days. In forty days the patient left the hospital with very good active movement at the elbow joint, and apparently firm bony union at the seat of fracture. From first to last he had no pain or inconvenience. The wound healed without a drop of pus; the temperature occasionally rose to 99 8°; it was otherwise normal throughout. He has now perfect power of active extension. The arm cannot be made absolutely straight, but he is able to follow his trade as well as before.

Carbolic Acid as an Antipyretic.

At a recent meeting of the Société de Biologie, M. Raymond gave an account of the markedly antipyretic qualities possessed by carbolic acid, which he has administered in cases of typhoid fever. The acid is given simultaneously by mouth and rectum, to the amount of one gram per diem, fifty centigrams being divided into three pills, and a like quantity used in enemata. He declares that its administration on this plan is very soon followed by a great reduction in temperature, viz., to the extent of 3° or 4°C., and within half an hour most profuse diaphoresis is established. To ascertain whether this hypothermic effect was produced by the direct action of the carbolic acid, or indirectly through the diaphoresis, M. Raymond suppressed the latter by the injection of duboisin, and found the lowering of temperature to be unaffected. He found also that the antipyretic action was increased the longer the administration was con-

tinued. By employing larger doses, viz., two grams, toxic effects were produced, the temperature fell to 34°, convulsive tremors occurred, and carboluria appeared. At the suggestion of M. Vulpian, carbolate of soda was given in doses of one gram and a half, instead of the free acid, and the patient kept under the influence of the drug. The toxic effects did not appear, but the antipyretic action was still marked. The remedy does not, according to M. Raymond, limit the duration of the stages of typhoid fever; it controls the pyrexia of idiopathic erysipelas in a similar way, but has no influence on that of tuberculosis. It was pointed out that the antiseptic could not, of course, pass through the alimentary canal unchanged, so as to reach the ulcerated small intestine, and it would seem simply that it acted through the spinal cord and the vascular system. M. Hallopeau thought the acid might have a topical effect on the typhoid ulcers. M. Dumontpallier pointed out that it was not so good a regulator of the fever as refrigeration. M. Hanot made some curious observations, which he detailed more at length at the next sitting of the Society. He said that in two cases of adults suffering from typhoid fever, whom he had treated by carbolate of soda given internally, defervescence was determined on the fourteenth day in one case, and on the sixteenth in the other, the temperature falling 3° to 4° C. on the second or third day of treatment. In each case a peculiar rash appeared at the same time as the fall in temperature, the rash becoming pustular and varioliform in a short time. The pustules, on microscopical examination, were found to be formed almost wholly of bacteria mingled with a small amount of pus. The urine also contained bacteria. M. Paul Bert, in commenting upon this, went so far as to say that carbolic acid renders the organism unfit for the development of the bacteria, and causes the particular material in which they thrive to be eliminated by the skin and kidneys, and the bacteria following its elimination are found in these parts.

Treatment of Eczema of the Hand.

A case of this refractory disease is reported in the Dublin *Medical Journal*, by Dr. A. W. Foot:—

The patient was twenty-two years old. The disease was confined to the back of the hand and the clefts between the fingers, where were many fissures, the viscid secretion issuing from which formed crusts with a pustular aspect. The pruritus was very severe.

Each finger and the entire hand were wrapped round with strips of old linen soaked in a mixture of lead lotion and glycerine, and the whole then sealed up in gutta-percha paper. As the itching had quite broken her sleep at night, she had, for two or three nights, draughts with potassium bromide ʒss and chloral 15 grs., in chloroform water, and she was ordered 5ɱ of Fowler's solution in tincture of bark three times a day after meals. As there was no reason to starve her, she was given meat and porter ev ry day.

The inflammatory action was soon moderated by the lotion, which was applied fresh every day, and the hand sealed up again after having had a jug of cold water poured over it. It was kept in a sling; the perfect rest obtained by slinging the muffled hand, and the exclusion of the air by the careful sealing up of the gutta-percha cover, are points to be attended to. Whenever the hand was let hang or rest in her lap, it got hot, heavy, and swollen, and began to throb. After three days of this treatment the heat, redness, and itching had abated; then a thirty-grain solution of nitrate of silver was carefully painted all over the back of the hand and fingers, from the wrist to the margin of the nails, avoiding the latter, and sealing up and slinging continued. In a few days she got a strong lotion of iodide of potassium to remove the blackening effects of the nitrate of silver, which it is quickly doing, and the sealing of the hand was discontinued. The arsenic had to be omitted for a few days in consequence of gastric irritation. The note of June 8th (she was admittted May 26th), is—she "has great use of the hand," and it is white, dry, and quite free from itching.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. T. S. Galbraith, of Seymour, Ind., sends us, in a reprint from the Louisville *Medical News*, August 13th, 1881, a paper on Pelvic Cellulitis, with cases.

——We have received, in the form of reprints from the Philadelphia *Medical Times*, two essays, by Dr. Edward T. Reichert; one on Ethylene Bichloride as an Anæsthetic Agent, with a consideration of ethylene methylethylate, ethylene ethylate, ethyl nitrate, and ethylidene bichloride; the other on Convulsions due to Depression of Spinal Reflex-inhibitory Centres, with special reference to the convulsions of apomorphine, atropine, strychnine, and other poisons. In the latter paper some of the long entertained opinions with regard to the action of those drugs are overthrown.

——"The Dangers and the Duty of the Hour" was the theme of an eloquent address, delivered before the Medical and Chirurgical Faculty of Maryland, by Professor William Goodell, of Philadelphia, which now comes to us in the form of a reprint from their *Transactions*. The thoughts expressed in this address were suggested to the speaker by the scarcity of children observed during his "Summer Jaunt," the danger of the hour being, in his judgment, *the faulty system of female education, the decay of home life*, and *the unwillingness of our women to become mothers;* and the duty of the hour devolving on physicians,

to remedy these evils and to fill our homes with prattling children. We will not say that the Doctor's fears are groundless, especially in certain circles, but we know streets in this city where children swarm like bees around a beehive.

——We have just received the Twelfth Annual Announcement and Catalogue of the Woman's Medical College of Chicago. The session of 1881–82 will open October 3, 1881, and close March 30, 1882, after which there is a spring term of twelve weeks.

Also the "Announcement" of the Baltimore Medical College, a new institution, which undoubtedly will meet "a long felt want." In addition to the ordinary branches there is also to be a Chair of Mechanical Denistry and Metallurgy. It is not stated where the lectures will be held, but the present collegiate year begins on the first day of October, 1881, and closes in March following. Subsequent sessions will continue from the middle of September to the first of May. It is further stated in the Announcement that "as the design of this school is to elevate the standard of medical education, it will not seek to make many doctors, but competent and good ones. It will afford its students time to acquire a thorough knowledge of the various branches of medicine, by an extension of its annual sessions to 7½ months, without increased expense for attendance upon the same. Two courses of lectures will thus be equivalent to the three now required in many medical schools. It will endeavor not to confuse the minds of students with many lectures each day, but will give them opportunities to digest what they hear, and to read, practice and review as they pursue their studies."

BOOK NOTICES.

Transactions of the Indiana State Medical Society, 1881. Thirty-first Annual Session. Held in Indianapolis, May 17th, 18th, and 19th, 1881. Indianapolis: Central Printing Co., 34 East Market street. pp. 378.

The address of the president, Dr. T. B. Harvey, of Indianapolis, on "The Advance in Medicine," was a philosophical review of the changes which medicine has undergone, chiefly during the past thirty years, and the causes which have led to these changes. Looking back over this period, and seeing what has been done in the past, the speaker said that we are justified in expecting much of the future. A short but excellent paper was read by Dr. J. W. Compton, of Evansville, on "Sanitary Progress." "State Medicine" was the subject discussed by Dr. Thaddeus M. Stevens, of Indianapolis, who pleaded with eloquence for greater attention to preventive medicine, for a higher standard of medical education, and wise laws to regulate the practice of medicine, and more especially for some means to diminish the evils—disease, poverty and crime—resulting from heredity. "Mental Hygiene" a subject of no less importance than physical hygiene, and intimately connected with it, was well handled by Dr. James Walter Hervey, of Indianapolis, who evidently had given much thought to the evils resulting from overwork, and improper work at school, and to the mental development of the young after school-life is ended and the struggle of life begins. Dr. William Commons read a paper on "Trichinosis," with report of cases. Numerous other papers of real merit were read, but want of space prevents us from noticing all. We shall, however, have occasion to quote more fully from some of these elsewhere. The volume of the transactions is gotten up in good style and strongly bound in cloth.

The Harrogate Waters, Data, Chemical and Therapeutical, with Notes on the Climate of Harrogate. By George Oliver, M.D. Lond., Member of the Royal College of Physicians, London, etc. London: H. K. Lewis, 136 Gower street, W. C. 1881. Cloth, small 8vo, pp. 224. For sale by Presley Blakiston, 1012 Walnut street, Philadelphia. Price $1.50.

Harrogate may be regarded as one of the most ancient of English mineral watering places, having been a favorite resort for three centuries. That during that period it has preserved its reputation is sufficient guarantee that the same is based on actual merit and not the result of mere advertising. A treatise which presents the true and unvarnished facts relating to the climate and physical geography of the place, as well as the composition and therapeutic use of the waters, cannot but prove of great value to British practitioners. The work before us appears to fill all these conditions, and being written entirely for the use of the profession, it is free from the objectionable features of the mass of pseudo-scientific works on popular health resorts. Although we believe that the American practitioner should be acquainted with the nature of the principal mineral springs in Europe as well as in America, a necessity for sending his patients abroad should rarely occur, as the numerous springs situated in the most salubrious regions of our country would readily meet every want.

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FACULTIES IN LOWER ORGANISMS.

The power of independent action and the relation of such action to intelligence are themes which interest all thinking men, and to the physician and physiologist have peculiar attractions. The functions of brain and nerve fibre were at one time supposed to stand in close relation to mental action, if not to be identical with it. But the more closely one observes the actions of lower organisms, the more doubtful and distant do these relations become.

The researches of SIR JOHN LUBBOCK and others prove that in the ant, in spite of its low position in the scale of animals, we find far higher mental aptitudes than in the highest anthropoid apes. They have a well marked social organization. Some species are slave-catchers and slave-owners, and control their underlings with a judicious mixture of kindness and severity; they bury their dead in appointed cemeteries, and they even establish hospitals where the sick, especially those suffering from a contagious parasitic disease, are conducted and quarantined. Whether they have a corps of physicians has not yet been decided, but it is far from improbable.

In the vegetable world, the movements of plants have been studied with fruitful resul s, by the eminent naturalist, DARWIN. He, and his son, FRANCIS DARWIN, have explained satisfactorily the power possessed by the leaves of plants, of placing themselves at right angles to the direction of incident light.

Various experiments were made with plants, especially with beans (*Vicia faba*), vegetable marrow (*Cucurbita ovifera*), plantain (*Plantago media*), and cherries, the result of which was, in the main, to show that the behavior noticed was due to a specialized sensitiveness to light, called diaheliotropism, which is able to regulate or govern the action of other external forces, such as gravitation, or of internal forces, such as epinasty.

An instrument called the klinostat, arranged by HORACE DARWIN, was employed in working out these conclusions. It consists of a cylinder rotating slowly about its longitudinal axis, on which the seedlings under observation are grown. The cylinder being placed at a window, the plants are protected from all illumination except such as falls on them in a direction parallel to the axis of rotation. The cylinder rotates so slowly that no centrifugal action is produced on the plants, but rapidly enough to destroy all geotropic action. The seedlings, therefore, are entirely free to obey the stimulus of light, and their heliotrophic curvature is not liable to be influenced by gravitation. The method of slow rotation, as it exists in modern physiological research, is entirely due to SACHS.

The driving force is supplied by a common American watch-action clock. With this machine, says Mr. DARWIN, "I have easily been able to keep a box of earth and plants, weighing 1000 grams, in constant rotation, with the certainty that it will not stop. By gearing a stronger clock to the driving wheels, a very much heavier weight could easily be driven.

By such researches as these we may expect great advances will be made in the remote and

difficult branch of physiology to which we referred in our opening sentence.

HOSPITAL FOR ORAL SURGERY.

With the constant enlargement of the horizon of medical studies, that branch of surgery which has to do with the mouth, teeth, jaws and associate parts, occupies a useful position, rendered the more prominent by the great extension which dental science has obtained within the last few decades, especially in this country. It is a perfectly fair statement to say that in all that relates to dental and oral surgery, the United States leads the world, and Philadelphia the United States.

It is extremely appropriate, therefore, that in this city a hospital should be organized, devoted to this especial branch, and offering facilities for instruction not equaled anywhere else. The Hospital of Oral Surgery has an able staff, Professor J. E. GARRETSON, M.D., distinguished both as a lecturer, author and skillful operator, being surgeon in charge. No one could have been chosen more capable of developing its advantages to the student.

To understand the meaning of the Hospital of Oral Surgery is to understand that it means the inauguration of a new specialty in medicine, which specialty is to be accepted as something already so fully and firmly established that it needs but time to have its claims as fully allowed and appreciated by the general public as undoubtedly they are by the profession.

Oral surgery, unlike ophthalmology, has no boundaries which may be said absolutely to define it. It includes in its practice the care of the teeth, but its operations extend over a wide class of conditions, inclusive, certainly, of the most complicated and difficult performances in surgery. To be an oral surgeon according to the programme of the Oral Hospital requires, first, graduation in dentistry; second, graduation in medicine; third, special studies in the direction of mouth, jaw, face, and throat diseases. The course, as laid out, extends over a period of three years and six months.

The designation of an oral surgeon is found simply in the possession of a hospital certificate. This certificate implies, however, that its holder has passed examination before thirteen chairs; six in dentistry, seven in medicine, besides a special one on his particular department, which requires a week spent over operations in the dissecting apartment of the hospital, together with a second, which is employed in making and defending diagnosis before the class of the school. Assuredly no medical students of this country are put through a more prolonged or vigorous course. The oral surgeon, like his fellow specialist, the dermatologist and ophthalmologist, is seen to be a general surgeon, limiting his practice. While oral surgery includes dentistry, the two are not to be confounded; dental colleges represent the latter; the Oral Hospital, in its relation with medical and dental education, designates the former. This specialty certainly invites to its ranks students of surgical proclivities.

NOTES AND COMMENTS.

On the Prevention of Laceration of the Perineum.

At the meeting of the St. Louis Medical Society, May 7th, 1881, the Proceedings of which appeared in the St. Louis *Medical and Surgical Journal*, for August, Dr. G. Hurt read a paper on "Position in Relation to Injuries of the Perineum during Labor," in which he gives the history of several cases tending to prove that a sharply flexed and abducted position of the thighs, though convenient and necessary in some cases, is not conducive to the greatest degree of security to the maternal soft parts at the moment of the passage of the child's head through the vulva, nor to the speedy and safe delivery of the child.

In the autumn of 1877 the doctor attended a case in which the second stage of labor was somewhat tedious, and just as the head began to distend the perineum, the patient, as a matter of choice, took the left side position, with her thighs and knees sharply flexed. The fœtal head, which was unusually large, soon became impacted in the soft parts, uterine contraction became stronger and refused to intermit, the perineum appeared to have reached the point of its utmost distention short of laceration, being pushed down so that the fœtal occiput rose from

under the pubes, and yet the head was so completely enveloped by the expanded perineum, that a rupture of the latter seemed inevitable. At this moment, however, the patient, perhaps involuntarily, extended her limb to a line nearly parallel with that of her body, and coincidently with this movement the fœtal head passed through the vulva without any perceptible injury to the parts.

The next case reported was that of a primipara, in which the fœtal head became so tightly impacted at the vulva as to cause considerable delay, though the uterus was contracting with great force, and laceration seemed inevitable. The patient was on her back, with her knees sharply flexed and abducted. She was requested to straighten her left leg, and as she did so, the vertex became more prominent and the forehead slid over the perineum without causing even so much as an abrasion at the fourchette.

In other similar cases, extending the thigh, when the passage of the child was impeded by a too rigid perineum, was followed by the same happy result. This seems so plain that it is surprising no one has thought of it before, for, as the doctor points out, the perineum is not only relaxed by the extension of the limbs, but the degree of its inclination is increased so as to impose less resistance to the passage of the fœtal head, and *vice versa*; in the ratio that the limbs are flexed and abducted, the perineum and contagious parts are put upon the stretch, and consequently its resistence and liability to rupture proportionately increased.

Spontaneous Fracture of Pubis due to Osteo-Sarcoma.

Among the recent reports of the Société Anatomique (February 18) is the résumé of a case in the service of M. Legroux:—

For several months before entering the hospital, the patient had considerable pain in the back and left thigh, with marked œdema of the limbs and abdomen.

When received at the hospital, he was in a very cachectic state, with œdema of the limbs and posterior aspect of the thighs; there was considerable pain in the right gluteal region and groin of the same side; also slight effusion in the peritoneal cavity. During the period he was in the service the patient passed large quantities of pus in the urine; rectal examination demonstrated the absence of prostatic abscess, and catheterization of the urethra revealed no painful point; but there was stagnation of urine, over two hundred grams being withdrawn after micturition. Injections were regularly made with a one per cent. solution of boracic acid, but the urine always remained purulent. There was constant complaint of pain in the left leg and thigh, though the pain in the right had passed away, and finally the patient died in a state of coma.

At the autopsy, the bladder was found in the normal condition, but dilated; at the left side of the urethra and opening into the canal just in front of the prostatic portion, was an abscess, which, surrounding the pubis, was spread out behind the psoas muscle; having a second opening into the coxo-femoral articulation. This abscess originated from a spontaneous fracture of the descending and horizontal branches of the pubis, and histological examination demonstrated that osteo-sarcoma of the bone was the primary cause of the fracture.

Purulent Peritonitis. Umbilical Fistula.

At a recent meeting of the Société Médicale des Hôpitaux (July 22d), M. Legroux presented a patient just recovering after several months' illness. The patient at first presented all the signs of generalized acute peritonitis; shortly afterward a small tumor appeared at the umbilicus, a narrow opening or fistula soon formed, and large quantities of pus were evacuated. Finally, the quantity of pus gradually diminished and the patient completely recovered. M. Legroux, considering this case in connection with those reported by M. Fèrèol, is of opinion that this pus originated in the cavity of the peritoneum.

The seat of the fistula, exactly at the umbilicus, would seem to render this opinion probable, for in cases of phlegmon in the abdominal or pelvic cellular tissue the opening is at some point about the umbilicus, and not at the navel itself.

Generalized Hyperostosis.

MM. Leloir and Rathery, at a recent meeting of the Société de Biologie, (Aug. 6th), presented a patient, aged about 50 years, affected with symmetric and generalized hypertrophy of all the bones. This individual, exempt from any hereditary or acquired disease, had been employed in the lead works, but quitted that profession on account of palsy of the extensor muscles of the hand. After the siege of 1870 he had some œdema of the lower limbs; about one month later he found that his hat had become too small for the head, and during the two or three months

which followed he remarked an augmentation in volume of the bones of the leg.

At present he walks with difficulty; there is symmetric hypertrophy of the bones of the head, of the scapula, clavicle, ribs, femur, and tibia, without, however, much alteration in the general conformation of the bony skeleton.

As may be readily understood, this augmentation in volume of the bones of the cranium had induced cerebral troubles; the patient is in a state of intellectual torpor, the memory is much diminished, and the sight, hearing and smell also markedly affected, probably by strangulation of the nerves at their point of passage through the bones at the base of the cranium. Shooting pains (douleurs fulgurantes) are felt sometimes, and may possibly be due to pressure exercised on the spinal cord by the hypertrophied bones of the rachis.

There is not the slightest trace of softening of the bones; the urine is normal. M. Hanot opined that this patient belonged to the category described by Paget, affected with osteo malacia, with bones of hard consistence.

On the Treatment of Cholelithiasis.

In a paper published in the *Western Medical Reporter*, for September, 1881, Dr. L. S. Oppenheimer, of Seymour, Indiana, says, that to relieve the patient of pain, he relies entirely on hot water fomentations and hypodermic injections of morphia with atropia. To cause expulsion of the stones he employs such remedies as have a soothing effect upon the duodenum and the bile duct outlets, viz., chloride of ammonium, carbonate of sodium, bicarbonate of potassium, and other alkalies of this class. Shortly after beginning to take these remedies he has known gall stones to be passed in quite a number of cases, and has seen other patients seemingly recover without passing any.

He believes that the succinate of iron is of some value as a solvent of gall-stones, and gives it in ten-grain doses three or four times daily, in peppermint water. The hygienic treatment he regards as one of the most important items in the management of the cases; and first of all as to food and drink.

The duodenum should not be allowed to perform more duty than is absolutely necessary. This is to be accomplished by abstaining, so far as possible from those foods that are digested here, such as starches, sugars and fats.

For the obstinate debilitating diarrhœa of these cases, he employs with great benefit a skim milk diet and opiates in the form of Dover's powders.

Whisky and Sunstroke.

Dr. Allison Maxwell observes, in the *American Practitioner*, that, while an interne in the Cincinnati Hospital, there were many cases of insolation brought to that institution, and it was a patent fact that most of the cases occurred in drinking men, and that the prognosis in drinkers was unfavorable. He also mentions the fact that in India, on the same day, Sir Charles Napier and forty-three other Europeans were prostrated from heat apoplexy. The forty-three died, and Sir Charles recovered, and explained his recovery by declaring that the sun found no ally of alcohol in his brain.

This, we believe, is the experience of every military surgeon in that country, and it is a noteworthy fact that among thousands of mariners who annually visit Calcutta, a proportionately much larger number of captains die from heat apoplexy than common sailors, although the latter are much more exposed, frequently working in the sun all day, while the former usually remain indoors, in cool apartments, or under double awnings.

This can only be explained by the fact that while, sailors go on an occasional spree, the captains regale themselves constantly with brandy and soda, in order to "neutralize the injurious effects of the climate."

A Plea for General Education on Subjects of Hygiene.

From an article on "Physical Culture and Mental Attainments," published in the *Sanitary News*, by Dr. J. G. Reed, we take the following:—

"Know thyself," is a law of holy writ as imperative as any mandate coming from that inspired source. The relative value of different kinds of knowledge is seen in instances in which adornment takes the place of usefulness, and modern notions of elegance supplant the convictions of duty and labor. A young lady of eighteen is master of several languages, can play all the instruments, from the piano to the harp, sing an opera with thrilling effect, rehearse the romances of the day, and faint in an astonishing manner, yet, when overtaken by sickness, how ridiculously ignorant she appears when she places her hand below her diaphragm to indicate the location of her lungs!

The remedy for our existing evils is education, and education of a kind which will put the peo-

ple in possession of a knowledge of the laws of life and of health, and that will enable the young lady of the world to know the difference between pneumonia and the stomach ache.

Hypodermic Injections of Morphia.

Dr. Dujardin-Beaumetz employs gr. xv of chlorhydrate of morphia dissolved in ℥ ij cherry-laurel water. He begins by injecting from five to ten milligrams in cases of lesions of the aorta (contraction or insufficiency), to relieve dyspnœa, attacks of angina, cardiac pain, and the symptoms of cerebral anæmia, such as vertigo and lipothymia. The injection may be made in the dorsal surface of the forearm, the walls of the abdomen, or, better still, in the vicinity of the pain. If the morphia is ill tolerated, and induces vomiting, the following solution may be used: Chlorhydrate of morphia, ten centigrams; neutral sulphate of atropia, one centigram; and cherry-laurel water, twenty grams. A gram of this contains half a centigram of morphia and half a milligram of atropia, and the whole syringeful may be injected. More favorable results are often obtained from this than from morphia alone. Before any of these injections are used, we should be certain that the kidneys act regularly.

The Treatment of Erysipelas.

Dr. W. Thackeray, of this city, says, in the *Therapeutic Gazette* for August, 1881, the idiopathic variety, which also includes the so-called phlegmonous, has proved in his hands a very tractable disease, and he has witnessed and treated some of the most distressing and violent attacks possible to occur. All that is necessary locally, says he, is to keep the parts affected well covered with a cloth wetted with a saturated solution of sodium chloride, and constitutionally to administer a refrigerant of citrate of magnesia, made extemporaneously, from the sulphate and lemon juice. This plan, with a light farinaceous diet, will cut short the most violent attack, and will leave the patient without the unsightly scars that remain as a sequel to the more energetic course generally adopted.

The Treatment of Lumbo-Abdominal Neuralgia.

Dr. Cheron summarizes as follows, in the *Revue des Maladies des Femmes*, the indications for the treatment of lumbo abdominal and lumbo-sacral neuralgia. The first step to be taken is to ascertain if this affection be in connection with a functional disturbance of the utero-ovarian apparatus, or with a diathetic affection of these organs. In the first case, the treatment of the uterine affection and the external spinal treatment will easily dispose of this neuralgia; but if it be in connection with a uterine affection of diathetic and constitutional origin, it will be indispensable to add to the local uterine and external spinal treatment a general treatment intended to attenuate the effects of the diathesis. If the case be one of a chlorotic patient, iron, manganese, and narcotics will be indispensable. Iodide of potassium, essence of turpentine, and quinine, are very useful in arthritic cases.

Cerebral Circulation.

A French physiologist, M. Gley, has made some delicate experiments on himself with regard to the effects of attention and intellectual work on cerebral circulation. His results confirm those of M. Mosso, and he has added some new observations. He finds that the rhythm of the heart, through intellectual work, is slightly accelerated; and this increase seems in direct ratio of the intensity of the attention. Thus, the pulse was more frequent when the author studied geometry, with which he had little familiarity, than when he studied philosophy, of which he had a good knowledge. While the heart-rhythm is accelerated, the carotid artery is dilated during cerebral work, and the carotidian pulse becomes dicrotic; but the radial pulse becomes smaller and less ample. The phenomena of congestion observed in the brain persist a certain time after cerebral activity.

Ovariotomy for the Cure of Dysmenorrhœa.

Dr. W. B. Rogers, of Memphis, Tenn., in a paper read before the Shelby County Medical Society, and published in the *Mississippi Valley Medical Monthly*, gives the history of three cases of dysmenorrhœa cured by the removal of diseased ovaries, after other modes of treatment had been exhausted. In the two first cases it was found necessary to extirpate both ovaries; in the third case, the right ovary, presenting no evidence of disease whatever, was left in situ. The result in each case was fairly good.

Smallpox Aborted by Vaccination.

Dr. E. J. Moseley, of Richmond, Va., reports, in the *Southern Clinic*, the case of a child in which vaccination performed after the eruption had appeared evidently modified the disease, converting it into a varioloid form, from which the child made a rapid recovery.

Special Reports.

NO. XVII.—THE LAWS OF MALPRACTICE.

(*Concluded from p.* 386.)

What constitutes negligence on the part of the physician is a question that may perhaps be answered differently at different times. Courts have taken different views of the question, but we may, as surgeons, look at the question in a little different light from what at times they may be disposed to adopt. Two very different decisions bearing on this interesting question have recently been given, in widely separated courts, yet it is a question whether one should have been held more highly responsible than the other, or whether they should both alike be judged from the same standpoint; the decision of the Massachusetts court involves certain novel points which may well be discussed and some deductions drawn.

The facts in one of the cases alluded to transpired in a city in Western Pennsylvania, the claimant suing for $10,000 damages, the doctor being mulcted in the sum of $2500; we are rather surprised at the smallness of the allowance made, from the fact that a doctor generally goes into court handicapped with the fact that juries, as a rule, are more disposed to switch a doctor, when they get the opportunity, from an idea that he must, no matter what the condition or circumstances involved, get a man, by some occult performance, into as good if not a better condition than he was before he fell into the clutches of the Æsculapian disciple who undertook to patch him up. So far as I can learn, the case turned on the compound question of the negligence, incompetence, and lack of surgical knowledge of the gentleman who fell a victim to the lawsuit instituted against him.

A boy, about 10 or 12 years of age, sustained a fracture of the bones of the forearm; the family physician being called in set the arm, placing it in splints and bandaging it; this was in the morning: in the afternoon a relation of the boy repaired to the doctor's office and informed him that the patient was complaining of pain, numbness and swelling in the limb, and that the fingers, where they protruded from the end of the splint were blue and cold. The doctor, instead of calling upon and examining the patient, simply remarked that "it was all right, and that he would be around the next day." Unfortunately, when he called, at noon the next day, irreparable damage had been done, complications set in, the final result being that, after a prolonged period, the case gradually going from bad to worse, the patient was discharged with a deformed and paralyzed arm, the result of pressure due to tight bandaging, seconded by subsequent inattention. The court held that the doctor had been criminally negligent in not paying immediate and sufficient attention when summoned in the afternoon, and that he should have had such a knowledge of the evil effects of tight bandaging as to put him on his guard against such deplorable consequences.

If the facts are as represented there can be no question as to the correctness of the holding of the court, for most certainly we all know that a fracture, no matter where, is apt to be followed by a greater or less amount of swelling, that up to a certain period this tendency of the swelling is rather to increase than decrease, that bandages placed upon a recently fractured bone must be watched narrowly and carefully, and applied with a great degree of skill and judgment, a sufficient margin always being allowed for subsequent swelling. Supposing that the surgeon, instead of practicing in a large city, in close proximity to the hospitals and seats of medical learning which always abound in these centres, should have been a country practitioner, remote from such advantages as are generally conferred upon a metropolitan practitioner, how would the law as recently interpreted affect him. A case of malpractice, involving the point at issue, namely, the measure of responsibility of surgeons, was decided on appeal, during the past winter, by the Massachusetts Supreme Court.

The Bench handed down an opinion, the following extract from which is of importance alike to the city and country practitioner:—

"A country surgeon is not bound to the exercise of that high degree of art and skill possessed by eminent surgeons living in large cities, and making a *specialty* of the practice of surgery, but only to that reasonable degree of learning, art, and skill ordinarily possessed by others of his profession, having regard to the advanced state of the science."

While on its face such a decision may seem to be eminently right, yet we may debate whether its provisions will altogether be accepted as just by the profession. It is evident that a city doctor does, theoretically, enjoy greater privileges than his country confrère, but we must take certain provisos into account in making up our opinion. In the first place, taking practice for practice, the country practitioner will see more general surgical practice than his city brother, for in the large towns the great majority of acute and even chronic surgery finds its way to the wards of one or the other of the large hospitals, thus taking the case out of the province of private practice, and throwing it into the domain of the few surgeons who may happen to be connected with the institution; whereas, on the contrary, hospitals, etc., not being so convenient in country dis-

tricts, the cases must inevitably fall to the care of the local doctors, thus *compelling them to acquire and employ that* practical working knowledge which is said to constitute three-fourths of a good medical education. Then again, many medical gentlemen in the city have no taste for and less practice in surgery, general or special, and though the court may hold that their nearness to the sources from which the most recent knowledge may be obtained shall hold them to a higher responsibility, yet the fact exists that, either through lack of time, or, as I have said, of a penchant for surgical knowledge and practice, they do not avail themselves of the opportunities presented; and, even granting that they should so desire, it is evident that they cannot be in constant attendance upon clinics, lectures, etc., but that they must rely, for what knowledge they get, upon exactly the same sources as those practicing in the country, to wit, books, magazines, society meetings, and the various publications and monographs issued by such societies and by individuals. Of course, one may say that the court held that he in the country is not as responsible as *eminent surgeons making a specialty;* but the question then arises as to what constitutes *eminence*, where the line shall be drawn, and what comprises "making a specialty," for, as we know, while one may, as *we* suppose, be eminent, to others he may seem and be almost unknown, or at least as occupying a very decidedly middle ground in the profession; and at the same time those who make a specialty and practice no other branch or branches, are decidedly in the extreme minimum, if we may so say. If the rule of eminence is to hold, then to be eminent is to hold one's self liable to a great many unfortunate chances, for it is a well known fact that there exists a class of society who are ever ready to pounce down upon a surgeon who seems to be blessed with a little of the world's goods, to compel him to disgorge for the benefit of the patient, who, perhaps, has made as good a recovery as possible, but who has been urged on by interested friends to enter suit against the doctor. We have even heard of a case where such a suit was threatened, where it was proved that the bandages were systematically loosened after the daily dressing had been made by the surgeon; and in suits for malpractice it might be a good question to ask a witness as to how much bandage practice the patient, or his friends for him, had instituted; the plea in the case we refer to was that the bandages were a little tight and inconvenient. Other questions will, of course, occur to the mind of the practitioner in connection with this decision of the Court, but we will not discuss them here, but pass on to another decision recently rendered, and which is decidedly novel in the annals of medical jurisprudence, in at least so far as I have been able to discover. The trial took place in Michigan, of a case involving these points:—

A physician was engaged and attended a lady in confinement; upon being called to attend her he took with him a friend, who was neither a doctor nor student, but who he said was to be his assistant, in case he needed one. As the case turned out, unfortunately for him, he did need assistance, which was rendered by the individual referred to; the family at no time raising any question or objection, presuming, probably, that the one assisting was engaged either in practice or as a medical student, although at no time did the attending physician so designate or address him. However, the lady was safely delivered and everything, seemingly, was pursuing the tenor of its way, when our friend suddenly awoke to the unhappy realization that he was the defendant in a lawsuit instituted against him, for having made an indecent and unprofessional exposure of his patient, in introducing at such an interesting time a person who manifestly wished simply to gratify a morbid curiosity. The court sustained the point, holding that the physician had committed a breach of those proprieties usually observed by physicians towards their patients, and that a shock had been given to the sensibilities and modesty of the lady in question, which the accoucheur should have been particularly careful not to have administered, and that a sacred confidence, which should have been respected, had been betrayed by the action of the doctor, in thus introducing a stranger, and allowing him the privileges which the necessities of such cases confer upon the attending physician.

It must, indeed, have been a highly enjoyable position for all hands to have occupied in court; we should imagine decidedly serio-comic.

Another question remains to be discussed, upon which I have not been able to obtain any decisions. A physician or surgeon having attended a patient as a charity, and for which he receives no compensation, should he be liable in damages for any unfortunate results, or any lack of knowledge on his part? This question is one of more special importance to the younger men of the profession, who are engaged in so much of that practice the reward for which we are taught and supposed to believe will be given in heaven. It rather seems that he should not be held so responsible, for the reason that one accepting charitable services does so, generally, with the tacit understanding and knowledge that he is not getting the results of the ripe experience of the individual treating him, but that he is serving as a species of clinical patient, upon whom the

physician or surgeon is privileged to practice such experiments as shall not endanger the life, nor interfere, so far as the doctor is aware or believes, with the future usefulness of the individual: the doctor, in return for these concessions, agreeing to attend the patient without charge for services rendered; the position is of course tenable that a man who practices, no matter whether he receives pay or not, assumes to be able to properly manage any given case, and, consequently, is accountable for results to the individual; still, at the same time, no value being given no value should be expected in return, may also be said to hold. Of course, the proposition may be advanced that the fact of his serving as a clinical patient is, in a manner, compensation, and value for services rendered, and, as a consequence, the one so allowing himself to be used does so with the understanding that he who accepts him as such must bear the responsibility of any unfortunate contrêtemps; even admitting that this view of the question might be advanced, we greatly doubt if a court would sustain it as against the physician; still it would not be safe to rely upon the court taking a view of the case in favor of the defendant, for he has against him that natural sympathy which is generally felt for unfortunates suffering under physical disabilities, backed by the fact that, as a rule, charitable patients are regarded by the general public as suffering great negligence at the hands of those of the profession into whose care they may fall, which supposed fact is not a fact, but a very shallow and gauzy theory, the fallacy of which is demonstrated by the vigor with which such cases are hunted up and held on to, in order to swell the yearly list of patients at the different hospitals and dispensaries; and to retain them they must of necessity be well cared for, though even then at times they bite the hand that strives to bring them succor.

G. F. Souwers, M.D.

Correspondence.

Facilities for Obtaining Poisonous Drugs.

Ed. Med. and Surg. Reporter:—

Recently, I was called upon to attend a case of poisoning in a young man who had failed, some short while back, in his efforts to graduate from a medical school he had been attending. He had on this occasion taken several grains of morphia sulphate, and it required hard work to revive him. His statement after recovery was to the effect that he had taken one-third of a package containing fifteen grains of sulphate of morphia, in mistake for one containing only a fourth of a grain. That such a mistake was made without intent, I could hardly credit. In the endeavor to investigate further into my patient's reasons for taking so large a quantity of the drug, I have been enabled, aided considerably by discoveries made by a physician in another city, under whose charge he now is, to find that he has been, and is, a prey to the morphia habit. Large quantities of morphia and chloral hydrate have been found upon him; the explanations he gives have been entirely unsatisfactory and contradictory. At one time he procured from a drug store fifteen grains of the sulphate of morphia combined with two drachms of subnitrate of bismuth. This was obtained on the presentation of an order in the shape of a prescription, and signed by himself. On another occasion, and in the same manner, he purchased two drachms of chloral hydrate from the same druggist. Though it was represented that these drugs were wanted for patients some distance away, there is now no doubt but that he wished them for his own use.

This and other cases of which I have had direct knowledge urge me to crave space in your columns, that attention might be pointed to the too free sale by druggists of that class of drugs, in which are included morphine, chloral hydrate and others. Sufficient restrictions are wanting in the sale of drugs of this and a poisonous nature. Any one, it seems, possessed of the ability to write, and of a knowledge of the names of medicines, can write a prescription, have it presented at the counter of a druggist, and secure its being filled, without question or hindrance. The case I have just cited is an example, showing full well how easily a man not a graduated physician, but presenting himself as such, was enabled to obtain poisonous drugs.

I know of an ex druggist who, whenever he wishes medicine for his family, writes a prescription in the regular orthodox manner, and sends or takes it to the druggist, who compounds it, and files the order away among those from *legalized practitioners*.

When a student, in my first year, I wished to experiment with cantharides upon a male cat, having heard that the drug was an aphrodisiac used extensively by young men and women. I desired to test its powers, for I doubted if it had any such properties. I accordingly stepped into a drug store for the purpose of buying some of the tincture. "We cannot sell it without a prescription," replied the apothecary, to my application. "But I am a medical student," I rejoined, "and wish the cantharides for experimentation." "I cannot help it, I must have a prescription," was all the answer he would deign me. "Very well," said I, "here is a prescription; now fill it up." While speaking, I had hastily scrawled off a prescription, signing my own name, which I handed to the druggist. I have only to say that I secured my Spanish-fly, but, in its use on the cat, the only result I obtained was to nearly poison the poor thing.

And so in a like manner, can anybody, so disposed, no matter with what intent, be it good or bad, secure medicines from the druggist or pharmacist. There is no particular harm done when the medicines ordered are of a simple or unharmful nature; but too often they are not such, and are used for no good purpose.

Slaves to opium in its various forms, chloral

hydrate, chloroform, arsenic, etc., have, therefore, no slight temptation thrown in their way to procure frequently and in large quantities, the drugs they crave. Laudanum drinkers are constant visitors to the drug store; and when told by the conscientious druggist that laudanum can only be procured on presentation of a prescription from a physician, the customer soon finds the means and knowledge whereby to write one, signing either his own or some fictitious, or some physician's name. Presented at the counter, the druggist fills the prescription up, and justifies himself in the act, because either he imagines he is safe in the possession of the recipe, or that he has no right to throw doubt or suspicion upon the genuineness of an order purporting to be from a physician.

My patient has procured, at various times, great quantities of morphia from druggists, within the past few months, and, no doubt, has consumed all he has purchased. Symptoms of a very alarming nature have repeatedly manifested themselves; but until lately they baffled, in respect to their cause, the physicians under whom he had been.

Physicians of any extended practice could, most probably, relate instance following instance, in which victims to the morphine habit have been enabled to keep the habit up through the aid of forged prescriptions.

I trust that I have clearly stated the matter. No argument is needed to substantiate my statement that druggists are called upon very frequently—alas! too often, indeed—to fill bogus orders for poisonous or other deleterious drugs. Every druggist will concede this to be a fact; we must admit that it is an evil. I find no direct fault with the druggist in this connection, for I know what his answer is, namely, "what right have I to question as to whether a prescription is or is not genuine?"

But there should be, if there is not already, a provision in law by which the druggist shall be governed in the filling up of prescriptions. It has suggested itself to me that the difficulty might be partially met by some such arrangement as this: A book to be furnished every pharmacist, in which there shall be printed the name of every legalized physician. Pharmacists shall fill up no prescription not over the signature of some one therein named. Of course, in glancing over the effects of such a plan, so many valid objections are discovered, that at once I see it would not fully answer.

A plan which will be *practicable is demanded*, for the safety of the people. This slavery to opiates is assuming frightful proportions. A blow calculated to crush it, more effective, possibly, than any other yet suggested, would be found in some such law as would prevent absolutely the sale of such drugs to the people.

It is rare that a bogus check or money order is paid without its nature being discovered; why, then, should there not be the same circumspection exercised over the nature of prescriptions?

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Addendum.—Just as I was about to mail the above, my attention was called to an article published a day or so ago, in one of the Philadelphia newspapers. This article, an editorial, was headed "The Opium Habit." It sums up the conclusions arrived at by a writer in the September number of the *Catholic World*. Let me quote: "The number of opium eaters in the United States is estimated at a quarter of a million, fully four-fifths of whom are women. The increase in the use of the drug in the city of Albany, N. Y., is a fair sample of the spread of the habit. Twenty-five years ago, with a population of 57,000, the annual sales of opium in Albany amounted only to 350 pounds and 375 ounces of morphia. Now, with a population of 91,000, 3500 pounds of opium and 5500 ounces of morphia are sold annually in that city. It is true that much of these drugs is sold for medicinal use, but the suggestive fact remains, that the increase in the population of Albany has been but .59, while the increase in the sale of opium has been 900 per cent. and of morphia, 1, 100 per cent. * * * There is force in the writer's suggestion, that it is time to regulate and limit the sales of opium by legislative enactment. 'Let it alone' and he fears 'That opium may, ere many years, be used as extensively in America as in China.'" These conclusions are interesting, and should demand the strictest attention of those interested in the welfare of the human race.

G. M. C.

Practical Ethics.

Ed. Med. and Surg. Reporter:—

In the lumber of the Reporter, September 3d, appears an editorial headed "Practical Ethics in the Profession." In that article you detail parts of two conversations; one had with a merchant, the other with a physician, bearing upon the questions discussed, and you close the article with the remark, "It did not seem worth while to object that his experience (referring to the physician) had been as unusual as it was unfortunate, etc. * * * We prefer to leave the matter for our readers to think over, just as he put it."

As one of those readers, I have, in the thirty years I have practiced medicine, thought the matter over thousands of times, just as your friend put it, and I wish here to confirm the truth of every word he uttered, as verified in my experience.

Lamentable as may be the fact, yet fact it is, your friend "*put it*" exactly right. Your manufacturer says "I have dealt with many classes of men, but with none as unreliable as physicians; they respect their promises less, and they keep their engagements more negligently." Your friend explains the cause for this, gives the reason, truly, but, as I think, applies it wrongly. "How, he says, can a man help becoming callous to his obligations to others, when he is thus treated year after year?"

From this it might readily be inferred that the doctor (and I mean more particularly the country doctor) becomes intentionally, from principle, *dishonest*; that he contracts a debt, not intending at the time to pay it, or, if you choose, *knowing* at the time he cannot pay it. Now, I do not believe this. But he is doing a good (as the word goes) practice; booking, perhaps, from $100

to $300 a month, aggregating in the year $2000 or even $3000, perhaps. He expects his money; has worked hard, and has a right to expect his pay; but the end of the year comes, and as your friend says, "his bill is the last paid," and as is far too frequently the case, it is not paid at all; the debtor has paid out all the money his short crop brought, before he gets round to the doctor. The result is, of course, that he, the doctor, cannot pay the debts he had contracted. He had intended, honestly intended, to pay, but cannot, from the very necessity of the case. He is not "callous," he has not become defiled, though he has for years rubbed against filth.

"A mon may hae an honest heart,
Though poortith hourly stare him."

After working hard all the year, in rain and shine, day and night, the year closes upon the poor, spirit-broken, country doctor, with not even a comfortable living for his family, not even "a Sunday suit" for himself, or a "new calico dress" for his wife, while his children go in patches; and at the same time, there are on his books, due and overdue, thousands of dollars in accounts, and in his note case hundreds of worthless promises to pay, upon none of which he can by law force collections.

Such, sir, I venture to assert, is the experience of three-fourths of the doctors in the country, were it faithfully given, and they become unreliable because they cannot help themselves. Nearly every utterance of your friend is true to the letter. I, like him, am "one of those who call things by their names, and use words not to darken knowledge, but to let his hearers know his opinions." Well, is there no remedy? *I* can see none, save in *time*. The elevation of the standard of medicine, the *extinguishment*, not suppression, of quackery and charlatanism by the strong arm of the law, and the education of the masses, may in time accomplish it.

Doctors must themselves quit backbiting, and by inuendo, slandering each other, and agree to work together for each other's good, as well as for the good of the people. *Self* must not rule all the time.

Perhaps the day will come when a different state of things from the present may obtain, but I doubt exceedingly, if either you, or your friend, or I, will live to see it. VERITAS.

The Erythroxylon Coca.

ED. MED. AND SURG. REPORTER:—

You may remember what wonderful benefit I derived from the use of fluid extract of coca last spring, while under your observation. I was suffering from anæmia, shortness of breath, and general nervous prostration. Shortly after commencing the use of coca I noticed a decided improvement in my case, and this has continued with its use, so that now I am able to go about and walk reasonable distances without suffering from weakness or shortness of breath. Under the circumstances it is pardonable if I feel a good deal of gratitude to the coca.

For nearly forty years my mother has been afflicted with periodic attacks of asthma, which are particularly troublesome in spring and early fall, September being the month during which she chiefly suffers. Almost every remedy has been tried by her, but without any benefit. Last week she was suffering even more than usual. She could hardly draw her breath, she was in a bath of cold perspiration, and her pulse was running at over 120. I prevailed upon her to take a little coca, half a teaspoonful in about a tablespoonful of water. The effect was truly surprising. In less than half an hour she was able to leave her chair. The pulse was natural and the breathing free. Since then, each afternoon when the attack comes on the same quantity of coca effectually checks it. Indeed, I really believe if I could prevail upon mother to take the coca oftener the attacks would not again show themselves, but she is so afraid the remedy will lose its effects (as remedies frequently have done in her case) that she only takes it when the attack manifests itself.

I have recommended the coca to two other asthma victims in the neighborhood, and in both cases decided relief has followed.

It is, of course, impossible to say, from these few examples, that coca is a specific in such cases, but it certainly seems worth while to give it a trial, as, if it does no good, I do not believe it can do any harm.

I thought the foregoing might interest some of your readers, hence I forward it you.

Exton, Pa. C. H. POIZAT.

[The above extract from a letter of a very intelligent gentleman will be welcome as a contribution to the therapeutic effects of the coca, about which such great diversity of opinion exists. —ED. REPORTER.]

The Horse Fever.

ED. MED. AND SURG. REPORTER:—

In this locality a new epizoötic is prevailing. It has gone through all the large stables, and is attacking isolated horses, and has also extended widely among the farmers of the county. It has produced considerable mortality. The doctor's horse, in a country practice, is his constant companion, and becomes almost as dear to him as one of his family; therefore, when my equine became sick I watched him with the same solicitude that I did any other patient.

On the morning of Aug. 14th I found one of his hind feet swollen and quite tender; attributed it to a scratch received several days before, and let him remain in the stable. In the afternoon his eyes were dull and filled with a muco-purulent discharge; this also appeared in his nostrils. The next morning the discharge was profuse; both hind legs were swollen; refused his food, and seemed to swallow water with an effort; it did not seem on account of swollen glands as much as from a difficulty of deglutition and stiffness of the jaws; gave him a small apple, which he dropped, because he could not get it between his grinders. Using my fever thermometer, I found his temperature 105°; led him into the lawn in front of the house where there was some tender grass; he seemed to put his head to the ground with difficulty, and after trying it a few

times desisted, and walked to me for sympathy, lifting his hind feet with difficulty and looking dejected. His bowels were loose and his water free. Having a bottle of fl. ext. of verat. virid. in my pocket, it occurred to me to try it, which I did, for the fever. I poured two drachms into some water, which he drank in a little time, with frequent sips; it cooled the fever sensibly. The next morning the fever was as high as the day before; gave the verat. vir. in the same dose, several times during the day; he took no food but quite a quantity of water; he had evidently stood up all night, and, in fact, did so for several days and nights afterwards; the discharge from the eyes and nose became copious.

The fever was less the third morning; thermometer marking 100°; the stiffness seemed passing away, and he tasted grass and took a few oats. He did not eat very freely before the fifth or sixth day, or lie down. The discharge then ceased, the swelling disappeared, and he walked with no difficulty. He had lost flesh very markedly, and for ten days after seemed to be weak and sweat profusely when exercised. It is evidently a contagious, self limited fever, its period of incubation, from five to eight days, and it runs its course in about five days, having a period of high fever for three days. In some instances there was much swelling of the parotids, but no cough; the jaws became very stiff, and deglutition so difficult that in some cases no fluid could be swallowed for three or four days. The fever sometimes seemed to produce delirium, as the horse would dash its head wildly about, and require restraint to prevent injury. In some cases death occurred from swelling about the throat, but in most cases it happened in the height of the fever, or when exercised too soon after it was over, or during convalescence. In all cases where the stereotype horse remedies were used, bleeding or purging, death or prolonged convalescence resulted. Young and old take it, but debility and disease, of course, added to its fatality. There is no exemption in any stable or collection of horses, but some that are isolated with care have escaped it. On farms it seems to be general. It has appeared in various parts of the State, and seems to be spreading widely. The mortality is very small, and the best treatment the expectant one, or a careful letting alone. In my case, I have no doubt the fever was modified by the ver. virid., which, if not curative decreased the suffering of the animal.

Clinton, Iowa. P. J. FARNSWORTH, M.D.

The Treatment of Rheumatism by Collodion.

ED. MED. AND SURG. REPORTER:—

Rheumatism is one of those affections that has called out nearly, if not all of the materia medica list, and with but partial success. Quite recently salicin or salicylic acid has been extolled and almost entered the list of specifics, and yet with how many failures. This empiricism has led the profession to rush headlong from one thing to the other, in the hope of allaying the sufferings of the rheumatic patient. The bandaging of the rheumatic limb has always given more or less relief, and it has thus been suggested that collodion would answer a far better purpose, in holding the parts firmly together, and besides allow a certain degree of elasticity. What the physiological conditions of rheumatism are is not our province to discuss here. Each one generally makes his own inferences; and so it is with the process of eliminating this substance. Medicine, after all, is successful only after an empirical use is made of agents as applied to the morbid parts. If the application of collodion succeeds in giving entire relief to the rheumatic joint, it matters little to the profession what the physiological action is; that can be investigated afterwards; and yet the truth of this investigation will be obtained by accident more frequently than otherwise.

Some years ago we applied collodion to a rheumatic joint, which gave relief; but it was not applied with the object of giving relief *per se*, but only as a better substitute for the bandage, which annoyed the patient much, from a hyperæsthetic condition of the part. And so this application had disappeared from memory until exhausted with a couple of cases that medicine would give no relief to in the least. Feeling like the young student, who is willing to try most anything and stand back and watch results, we again tried the collodion to the wrist and knee of a dropsical lady sufferer. It gave relief, but formed considerable tumefaction in the hand and foot; to these a close-fitting bandage was applied and all trouble ceased. And after continuing this for two weeks, it was removed without any further trouble. It was kept on for two weeks, because then it was supposed that the affection had spent its force after the usual length of time. The second, Mrs. M., a lady of fine physique and good health, had rheumatism of the ankles, especially of the left and knee. In the second week of the affection collodion was applied, and kept on for four weeks, all the while giving entire relief. When it was cleared away all traces of the affection had disappeared. The caoutchouc collodion was used, on account of its elastic and contractile properties.

Detroit, Mich. E. E. RIOPEL, A.M., M.D.

NEWS AND MISCELLANY.

Vitality of Infants.

Some statistics on this subject have recently been published by Baron Kolb, of Germany. Out of 100 children nursed by their mothers, only 18.2 died during the first year; of those nursed by wet-nurses, 29.33 died; of those artificially fed, 60 died; of those brought up in institutions, 80 died in the 100. Taking 1000 well-to-do persons and another 1000 of poor persons, after five years there remained of the prosperous, 943; of the poor only 655. After fifty years there remained of the prosperous 557; of the poor, 283; at seventy years of age there remained 235 of the prosperous, and of the poor only 65. The average length of life among the well-to-do was fifty years, among the poor, thirty-two years.

These comparative figures are very greatly at variance with general impressions. Most persons are impressed with the idea that the poor are, as a general thing, longer-lived than the wealthy, but Baron Kolb, if his statistics are reliable, and

it is claimed they are, wholly overturns that belief. The author furnishes some reasons for the marked difference in point of vitality of the two classes, prominent among which is "the anxiety of providing for bare subsistence, and the lack of proper sanitary conditions, as well as the lack of abundance of such food and clothing as are needed to sustain the body properly."

Ophthalmology: Middlemore Fund Prize Essay.

The interest on the fund of £500 given in trust to the British Medical Association by Mr. Richard Middlemore, of Birmingham, to found a prize for the best essay on Ophthalmology, having accumulated for three years, the Committee of Council now offer, in accordance with the terms of the trust deed, a prize of £50 for the best essay on the Scientific and Practical Value of Improvements in Ophthalmological Medicine and Surgery made or published during the past three years. The successful essay will be the property of the Association. Essays must be in English or accompanied by an English translation, and forwarded under cover, with a sealed envelope bearing the motto of the essay, and containing the name and address of the author, addressed to the General Secretary of the British Medical Association, 161A, Strand, London, and must be in his hands on or before May 31st, 1882. The concurrence is open to American writers.

Baltimore Medical College.

The first announcement of the Baltimore Medical College is before us. It states that it appears in "no spirit of opposition to other schools, but rather to encourage and stimulate them to increased efficiency. It will seek to elevate the standard of medical education, professionally and morally, and covets the reputation of becoming a practical Christian Medical School."

The following are the faculty:—Harvey L. Byrd, M.D., President and Professor of Obstetrics and Diseases of Women and Children; W. Robert Monroe, M.D., Professor of Materia Medica, Therapeutics and Hygiene, Dean; Benjamin F. Leonard, M.D., Professor of Physiology and Clinical Professor of Diseases of the Rectum; Henry Froehling, M.D., Professor of Chemistry, Toxicology and Medical Jurisprudence; L. Wheaton Clapp, M.D., Professor of Principles and Practice of Medicine; John R. Uhler, M.D., Professor of Principles and Practice of Surgery and Physical Medicine; L. Robert Coates, M.D., Professor of General, Descriptive and Surgical Anatomy; Adolph G. Hoen, M.D., Lecturer on Histology.

Philadelphia College of Pharmacy.

Since the close of the last session of the School of Pharmacy, finding that the building was not large enough to accommodate the rapid growth in the size of the classes, the properties in the rear of the building were purchased, plans matured, and the present addition erected, which as doubled the capacity of the College. The new building will give ample accommodation on the first floor for a Chemical Laboratory, more than double the size of the one it replaces, and thoroughly equipped in every particular. The second floor has been set apart as a Pharmaceutical Laboratory, in which instructions in Practical Pharmacy will be given. The third floor will be used as a separate lecture room for the Professor of Chemistry. This arrangement permits each Professor to have his own room, and better means are thus afforded for more complete illustrations of the lectures. The fourth floor will be used as meeting rooms for the Quiz Classes and College Societies.

The Museum of the College has also been enlarged; making a room 54x43 feet, which will give ample room for the display of the several valuable collections of East Indian, Japanese and Australian drugs, in addition to the present large collection of indigenous and foreign drugs.

Origin of Yellow Fever.

The following dispatch is clipped from the N. O. *Times* of Sunday, September 11:—

A dispatch from Guernsey announces the arrival there of the brig Monarch, from Mobile, with one of the crew dead and three sick of yellow fever. Our readers will accept this as strong evidence of the correctness of Dr. Hargis' theory that yellow fever originates in the holds of vessels. This ship could not possibly have become tainted at Mobile, for we all know that port has been perfectly healthy.

QUERIES AND REPLIES.

Dr. O. M. R., of Pa.—Because at that date the charter of the Eclectic College was annulled by Act of Legislature.

Mr. Editor: Correspondent wishes to know the dose of tr. staphisagria. Gtt. ij every four hours.

Dr. B. B. G., of Tenn., will find to his patient's comfort and relief, according to my experience, to apply the following ung. twice daily, wearing gloves. Keep the hands out of dish water and from the heat; wash with sulphur soap:—

℞. Ung. picis. ℥ij
Hyd. ox. rubrum, grs. xxx. M.
Ft. ung.

Wil., Del. J. T. V. Blocksom, M.D

Newdegate.—1. The use of the title Professor should properly be limited to those who have been formally elected to that position in chartered faculties; but there is no law to prevent anybody calling himself Professor in this country. 2. There is no impropriety in a properly qualified Professor using the title on his cards, though, in medical circles, it is not considered exactly "good form."

MARRIAGES.

DUNLAP—EVANS.—On September 7th, 1881, by Rev. Charles Nagle, at the Moravian Church, Litiz, Pa., Dr. J. Francis Dunlap, of Manheim, Pa., and Miss Anna V. Evans, of Litiz, Pa.